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ENABLING EQUITABLE HEALTH REFORMS PROJECT IN ALBANIA

SECOND ANNUAL REPORT–FY2012

(OCTOBER 1, 2011 – SEPTEMBER 30, 2012)

October 15, 2012

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LIST OF ACRONYMS

CME	Continuing medical education
COP	Chief of Party
EEHR	Enabling Equitable Health Reforms Project
HII	Health Insurance Institute
HIS	Health Information Systems
HR	Human Resources
HRISG	Health Reform Implementation Support Group
IPH	Institute of Public Health
IT	Information Technology
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCCE	National Center for Continuing Education
NCQSA	National Center for Quality, Safety, and Accreditation
NGO	Non-government organization
PBMP	Performance-Based Monitoring Plan
PHC	Primary health care
PIR	Project Intermediate Result
QR	Quarterly Report
STTA	Short-term technical assistance
TOR	Terms of reference
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

1. EXECUTIVE SUMMARY

This Second Annual Report of the USAID-funded Enabling Equitable Health Reforms (EEHR) in Albania Project covers the period from October 1, 2011 through September 30, 2012. The objective of the EEHR project is to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. The project has three strategies to meet its objective:

- Improve capacities to implement a set of health reform interventions in selected sites;
- Improve health reform policy and planning; and
- Enhance non-state actors' participation and oversight of health systems performance.

EEHR works collaboratively and closely with the Ministry of Health (MOH), key national and regional-level health institutions in Albania, and non-state actors to develop and implement its activities. Reform implementation supported by the project is focused on secondary level health care in selected sites in Tirana, Korca, and Lezha. Year 2 of the project was characterized by ongoing support to national-level health policy process improvements and a rapid ramping up of implementation and capacity building activities related to hospital-level interventions. Work with non-state actors was initiated but somewhat delayed as the project redefined how these activities would be implemented and staffed.

Early in Year 2, based on diagnostic and analytical work conducted in Year 1, EEHR supported a newly formed Health Reform Implementation Support Group (HRISG) to select reform regions and implementation sites and agree on an approach to improve the organization and management of secondary level health care. A baseline assessment of selected hospitals was conducted with technical assistance from an international expert. Based on the assessment's findings, EEHR agreed with USAID, national counterparts, and hospital managers on a series of interventions. The interventions were then designed and implementation initiated with intensive EEHR technical assistance and support in three pilot hospitals – Queen Geraldine Maternity Hospital in Tirana, Korca Regional Hospital, and Lezha Regional Hospital.

EEHR agreed on activities with hospital management, oriented more than 1,100 staff of the three pilot hospitals on planned hospital improvement activities, and helped the hospitals form working groups on each topic area to lead implementation. The project worked with the hospitals to identify a workplace for these teams and ensured access to computers, printers, and other supplies to facilitate their work. Interventions were initiated in the following topic areas: hospital space planning and utilization; visitor control; incident reporting; patient medication management and reporting; organization of environmental services; outsourcing services; pharmaceutical supply management; cost accounting; human resources; and health information systems (HIS). EEHR provided international expertise on these topics as needed, trained teams on international standards and best practices, introduced and helped adapt reference materials and tools in each topic area, and helped shape plans that would guide the work of each team. The project also facilitated exchanges of hospital teams across pilot sites to discuss common approaches, share progress and achievements, and review lessons learned. This applied approach already has begun to improve the organization and delivery of hospital services in the three pilot sites, while simultaneously building local capacity to design, implement, and monitor reform implementation.

Activities to support increased hospital autonomy were initiated in Year 2 as well. EEHR hired an Albanian lawyer as a consultant to review and analyze the legal and regulatory basis for increased hospital management autonomy. The report found that the autonomy of hospitals is limited and that the legal and regulatory framework regarding hospital autonomy requires further improvement. The report included recommendations to improve the framework broadly and in relation to EEHR's three pilot hospitals. EEHR plans to share and discuss the report's findings and recommendations

with the leadership of the pilot hospitals, MOH, and the Health Insurance Institute (HII) early in Year 3. At the same time, an EEHR international consultant provided technical advice to inform the development and composition of a board of directors for the Queen Geraldine Maternity Hospital, including discussing and helping to draft by-laws for a board which blend international standards and best practices with specifics of the local professional and legal environment. In September, the HRISG agreed to form a national-level working group on hospital autonomy to guide further work in this area.

As these reform interventions and the tools, guidance, and mechanisms developed to support their implementation are successfully field tested, they will be refined together with counterparts for national adoption and replication to additional regions and hospitals. Two interventions – incident reporting and medication administration recording – have already been discussed and approved for national roll-out by the HRISG. In this step-by-step manner, the new enabling environment for health reform in Albania will result in increased performance of the health sector, increased access to care and responsiveness to the population, and increased capacity to design, implement, and monitor reform interventions.

In Year 2, with EEHR assistance, the health sector made progress in improving policy planning processes through the creation of a cross-cutting health reform implementation support group and a working group on hospital reforms. Coordination among health sector institutions reporting to the MOH, including HII, Institute of Public Health (IPH), National Center for Quality, Safety, and Accreditation (NCQSA), and National Center for Continuing Education (NCCE) has improved through their participation in policy discussions, reform implementation, and implementation of the health sector monitoring and evaluation (M&E) framework. The M&E Department in the MOH is functioning as Secretariat to the HRISG and continues to coordinate the routine collection and analysis of health sector performance indicators and milestone indicators defined for each institution.

EEHR met with and consulted the hospital reform working group on a regular basis. The project supported the HRISG to hold two meetings over the course of Year 2, resulting in agreement on key policy issues and concrete next steps. The first meeting resulted in agreement on pilot sites and a focus on hospital reform interventions. The second meeting resulted in agreement to implement medication administration recording and incident reporting nationally and agreement for form working groups on hospital autonomy and developing a package of hospital services.

EEHR also supported meetings of the national-level working group on M&E to review and provide feedback to the MOH M&E Department's Milestones Report 2011 and Annual Performance Report. The project helped establish M&E regional working groups in Lezha and Korca with representatives appointed from HII, the Regional Health Department, and the Regional Hospital. Initial meetings of these groups yielded a set of regional health system performance indicators. The groups will collect and share information on these indicators for analyzing and tracking regional health system performance. Following discussions with the MOH and Regional Health Departments, amendments to the scopes of work (SOWs) of the M&E units of the Regional Health Departments were proposed and approved by a ministerial order. EEHR provided regional M&E units in Korca and Lezha with a computer and printer – essential equipment for data collection, tracking, information exchange, and communication.

While several activities under Strategy 3 were implemented or initiated in Year 2, others (including utilization of the Small Grants Program) have been delayed as EEHR worked to redesign the implementation plan for this strategy in consultation with USAID and as the project recruited for and hired a new local staff member to lead this component. Despite delays, EEHR held a series of meetings with health authorities and non-state actors, including civil society, professional associations, consumer awareness groups, and journalists to assess communication channels and coordination mechanisms. The project also conducted a literature review of studies related to non-state actor engagement in the health sector and consumer voice in the health sector. The review confirmed that overall patient satisfaction and trust in quality services remains limited, and accountability mechanisms are needed. The review also identified a gap in qualitative understanding of specific knowledge, attitude, and behavioral factors influencing consumers' relationship with the health care system. EEHR developed a Small Grants Program Manual which was approved by USAID.

In September, the project prepared a Request for Applications (RFA) for a grant for formative research through focus groups to gain qualitative insights about the current situation, barriers to change, and opportunities for messages and channels.

EEHR also worked with pilot hospital directors to identify staff possessing the kinds of skills and experience that will make them likely to succeed in building and supporting a hospital communications function with technical support from the project. EEHR helped the hospitals to form internal working groups to be trained in internal and external communication techniques and start developing internal and external hospital communication and public relations (PR) strategies, plans, and activities. EEHR prepared a PR training module (the first of a planned five-module training program) and provided training to nine pilot hospital staff members on basic principles of PR. Seven meetings were held with the PR groups organized in the three pilot hospitals to discuss PR challenges, keys to success, and plans for building hospital capacity for improved external communications.

The American Embassy organized the ACT Now! launch and Citizens' Fair on June 21, 2012 to promote citizens' voices and highlight actions taken by citizens and organizations in the areas of governance, health, environment, and education. EEHR assisted USAID in coordinating the health section of the activity. The project identified, recorded, and submitted to USAID five health related stories from various parts of Albania for the ACT Now! website. EEHR worked with HII, IPH, and the Queen Geraldine Maternity Hospital to make their public health sector display interactive and to reflect the thoughts and priorities of citizens on health issues. The project designed and printed promotional materials, and also provided materials needed for the three institutions that were part of the health tent of the ACT Now!street fair.

Management of the EEHR Project evolved in Year 2 with the unexpected departure of Chief of Party (COP) John Rockett in November 2011 and the arrival of new COP Julian Simidjiyski in February 2012. Despite this unfortunate, unplanned transition, EEHR worked particularly hard in the last three quarters of the year to make up for lost time and quickly and intensively implement the vast majority of planned Year 2 activities. Several Albanian staff left the project, while others were brought on in response to new areas of focus reflected in the Year 2 Work Plan. Staff changes included a new hire as well as new assignments to existing staff to act as Pilot Hospital Site Managers, as well as new staff in non-state actor engagement, hospital information systems, and on-site pilot hospital coordination.

The project was under-spent in Year 2 primarily due to the absence of a permanent COP for several months, phasing out of subcontractors Management Sciences for Health (MSH) and O'Hanlon Health Consulting, and delay in the initiation of the Small Grants Program. The project's spending is expected to increase significantly in Year 3, however, with planned material assistance to support implementation of hospital reform interventions, including HIS software and infrastructure, hospital admissions and visitor control systems, and drug warehousing and supply management.

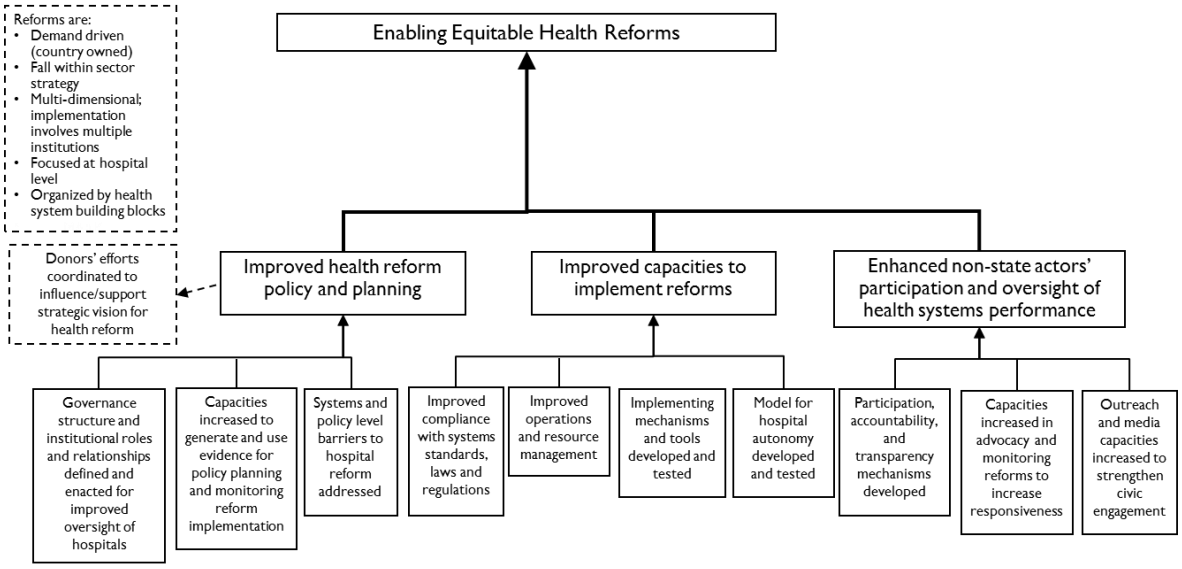
This Annual Report includes an overview of the project objective and approach, a summary of Year 2 activities and progress, a management overview, and a discussion of project challenges, obstacles, and difficulties. It also includes a list of deliverables submitted, a description of performance against the project's performance-based monitoring plan, and a summary of spending to date. Annexes to the report include a summary of status/progress against each planned activity in our Year 2 Work Plan Gantt chart, a list of technical meetings and field visits held over the course of the year, and the hospital assessment tool and baseline results.

2. PROJECT OBJECTIVE AND APPROACH

The primary objective of the EEHR project is to address the identified barriers and obstacles to more effective health policy and reform implementation in order to increase access to health services, particularly for the poor. EEHR is organized by an over-arching results framework (Figure 1) with three strategies to meet the goal of the project:

- Improve capacities to implement a set of health reform interventions in selected sites;
- Improve health reform policy and planning; and
- Enhance non-state actors' participation and oversight of health systems performance.

FIGURE 1. EEHR RESULTS FRAMEWORK



These three strategies map to governance objectives as well as health sector objectives. Strategy 1 includes improvements in hospital governance and management to be more responsive to the public. Strategy 2 contributes to improving overall health sector stewardship and governance, while Strategy 3 helps channel the voice of the Albanian public to both health facilities and national health sector institutions to continuously improve their performance and increase their responsiveness. Additionally, EEHR activities address three cross-cutting aspects of health sector governance:

- Capability – supporting health sector institutions responsible for implementing legislation and policies around health reform to build their capacity to carry out their assigned functions;
- Accountability – building and strengthening mechanisms for holding health sector actors responsible; and
- Responsiveness – establishing processes and incentives to identify and respond to concerns of relevant stakeholders and consumers.

The results framework is consistent with the four priority components of the Ministry's draft Health Sector Strategy: 1) increasing the capacity to manage services and facilities in an efficient way; 2)

increasing access to effective health services; 3) improving health system financing; and 4) improving health system governance.

In Year 1, EEHR, in close collaboration with key counterparts and stakeholders, conducted a series of sector-wide analytical and diagnostic reviews in a number of key areas, including health governance, health financing and the role and functions of HII, and health sector M&E. EEHR also designed and implemented a regional assessment to understand regional barriers to reform implementation, assess local capacity to implement reforms to improve access to health services, and select regions/sites for implementation. This diagnostic work, paired with intensive follow-up discussions with USAID, MOH, and other health sector institutions early in Year 2, suggested that supporting Albania to design and implement a set of coordinated interventions at the secondary (hospital) level of the health care system was most needed. It was agreed that the interventions would fall under the six health systems strengthening building blocks of: Service Delivery, Health Workforce, Health Information Systems, Medical Products and Technology, Health Financing, and Governance. When implemented together, the interventions test a holistic model for improving the organization and delivery of hospital services as a key component in improving overall health system performance and expanding access to health care services in the long term.

3. YEAR 2 ACTIVITIES AND PROGRESS ACCORDING TO PROJECT STRATEGIES

In Year 2, EEHR implemented activities using a highly collaborative approach to improving capacity, responsiveness and accountability in the health sector, starting with pilot site interventions. The project made rapid progress in improving capacities to implement reform interventions in the pilot sites using a variety of capacity building technique including:

- Technical advice from global specialists;
- One-on-one mentoring;
- Training;
- Collaborative development and implementation of tools, processes, and techniques; and
- Provision of (limited) material assistance.

The EEHR approach already has begun to improve the organization and delivery of hospital services while simultaneously building local capacity to design, implement, and monitor reform implementations. One example of an effective and sustainable delivery of support has been the creation and effective functioning of numerous working groups in each pilot hospital to study and implement new initiatives and improvements. Once they are successfully field tested, these reform interventions, including the tools, guidance, and mechanisms developed to support implementation, are being refined with counterparts for national adoption and replication to additional hospitals. In Year 2, EEHR solidified the engagement of national and regional policy and decision-makers in implementing and monitoring reforms and strengthened policymaking groups and processes such as the HRISG and its newly formed working group on hospital reform. In this step-by-step manner, the new enabling environment for health reform in Albania supports improved performance of the health sector, increased access to care and responsiveness to the population, and increased capacity to design, implement, and monitor reform interventions. Non-state actors were included in updates

of progress, and work with these groups, including consumers, will be further promulgated in Year 3 to improve the accountability and responsiveness of targeted hospitals and the wider health system to their needs.

Progress against specific EEHR Year 2 Work Plan activities under the project's three strategies is described in further detail below.

3.1 STRATEGY 1: IMPROVE CAPACITIES TO IMPLEMENT A SET OF HEALTH REFORM INTERVENTIONS IN SELECTED SITES

In Year 2, EEHR achieved or exceeded most of its activity and performance targets under this strategy. The project started the year by collaborating with the MOH and HRISG to select pilot regions and hospitals based on joint assessment of six regions in Albania. This selection was followed by a rapid assessment of the pilot hospitals and their capacity building needs according to the six health system building blocks. A number of hospital management improvements were agreed on with USAID and counterparts based on the assessment, and then quickly launched in all three sites. Immediately after the assessment, the EEHR team developed and adapted training materials, tools, and recommended processes to deliver to the pilot hospitals. EEHR oriented hospital staff to planned improvements and supported formation of working groups in each intervention area. The groups work on developing policies, procedures, and other documents to implement interventions that will strengthen hospital operations and administration. Activities and progress under Strategy 1 are being discussed with national and regional stakeholders via mechanisms articulated and supported under Strategy 2. In Year 3, non-state actors will be increasingly engaged as key stakeholders to voice preferences, provide feedback, and serve as watchdogs for reform implementation.

Activity 1. Reach Consensus on Implementation Priorities and Sites

A locally owned, collaborative process to establish priorities and develop implementation plans is a central component of the EEHR project strategy. In the second quarter of this year, EEHR discussed and agreed with counterparts on the priority areas for reform implementation and on the practical approaches that the EEHR project will adapt in addressing the six health systems building blocks. Through a consultative process with local specialists from the MOH and HII, EEHR provided to health stakeholders the results of regional assessments and the selection process of project implementation sites, including assessments in six regions in Albania, and reviews of four regional hospitals. The recommendation of two regional hospitals (Korca and Lezha) and one Tirana-based facility (Queen Geraldine Maternity Hospital) was vetted and approved by USAID and then formally discussed and agreed with MOH counterparts and other key stakeholders. Agreement on technical areas of intervention and sites was achieved during a Consensus Meeting with key stakeholders in February.

Several versions of a Memorandum of Understanding (MOU) between EEHR and the MOH were developed over the course of the last six months. The most recent version has been reviewed and approved by Abt Associates, USAID, and the MOH and is ready for signature. However, the MOU includes commitments for the project to provide material assistance. As material assistance is not explicitly stated to be part of EEHR's contract scope of work, contractual approval may be required for EEHR to provide such support, and the project and USAID are working closely to identify the best way to obtain formal contractual approval for these activities. Once agreed, the MOU can be signed.

Activity 2. Define Baseline Situation for Pilot Hospitals

As a first step to support selected hospitals to initiate improvements, EEHR conducted a baseline assessment per the six health sector building blocks of governance, health finance, human resources, health information systems, pharmaceutical and medical supply management, and service delivery, to inform planned project interventions. An international hospital management and operations

specialist, Ms. Louise Myers, was engaged in the development of the rapid assessment tool/checklist and conduct of the baseline assessment, as well as to provide follow-up technical assistance contributing to improving hospital governance, human resources management, and operations. The assessment took place in February/March 2012. The checklist and baseline findings are included in this report as Annex C. The baseline assessment was discussed with hospital management to inform development of collaboration agreements with each hospital and as the basis for development of hospital intervention roadmaps. The technical report "The Albania Hospital Baseline Survey" submitted to USAID in March 2012, included the baseline situation in the three pilot hospitals and the hospital assessment tool and composite indicator. This activity was completed this year.

Activity 3. Improve Organization and Management of Hospital Services

A number of hospital management improvements have been launched during this year. Immediately after the baseline survey, the EEHR team developed and adapted training materials, tools, and recommended processes to deliver to the pilot hospitals. EEHR oriented more than 1,100 staff of the three pilot hospitals on the planned hospital operations and management improvements and then helped support the establishment of more than 20 working groups involving more than 70 doctors, nurses, management and support staff from the three hospitals to support each area of improvement. The groups work on developing policies, procedures, and other documents that will strengthen hospital operations and administration. The project has engaged the working groups in a number of activities to support team building and exchange of experience. Groups working on the same initiative from the three hospitals come together for structured discussions, presentations, joint review and discussion of draft documents produced by each site. The leadership of each pilot hospital has provided office space for a work room for the hospital working groups. EEHR supported minor renovations to these offices, and furnished and equipped them during the year.

The following provides details regarding specific hospital improvement interventions:

HOSPITAL SPACE UTILIZATION STRENGTHENING

Hospital space utilization is an area of EEHR intervention that will enable the conceptual and practical rationalization of hospital infrastructure as it relates to hospital admission and discharge, hospital information system, and internal and external hospital signage system. These topics intersect at the admissions/registration areas and have to be addressed together to produce effective results. In addition, hospital space utilization identifies and analyzes possible ways to change the current in-hospital flows of patients, visitors, staff, material, and waste to reduce infection and other risks. With technical assistance from Mr. Arthur Hoey, a hospital architect, EEHR conducted a comprehensive review of the functional space and space utilization at Lezha and Korca. The Queen Geraldine Maternity Hospital was not included in the review as, according to the director, it has undergone a number of structural improvements recently and the director, who has clear plans for the future of the facility, and unlike the directors of Lezha and Korca hospitals, expressed no willingness for the Maternity Hospital to be included in the review.

Specific activities included:

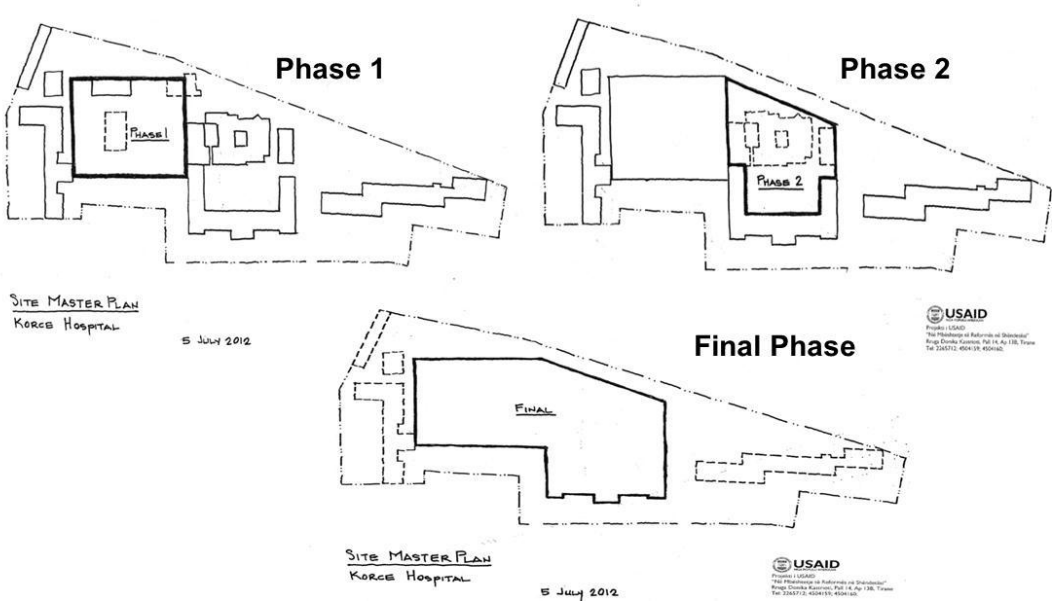
- A workshop on hospital space planning and utilization was conducted with Mr. Hoey on June 26-27, 2012 in Tirana for management teams of pilot hospitals, and representatives from the MOH, NCCME, NCQSA, and HII on architectural planning and design. A total of 22 people took part in the workshop. EEHR applied for and received accreditation of the training from the NCCME. The workshop was held in association with the EEHR international consultant on hospital management.
- On July 11, Mr. Hoey and hospital management consultant Ms. Myers presented an Executive Seminar for representatives of the MOH, HII, NCQSA, and hospital leaders on key findings and policy issues related to the current situation of regional hospital space planning and utilization in Albania. A total of 16 people attended the seminar.

FIGURE 2: EXECUTIVE SEMINAR ON HOSPITAL SPACE PLANNING AND UTILISATION

- Site visits to Lezha and Korca to tour existing hospital facilities with Directors and medical staff verifying existing building conditions, study current layout and space allocation (for later review in optimizing space utilization and efficiency enhancements), understand visitor control protocol, and analyze how existing conditions might be improved to reduce infection risk.
- Preparation of schematic designs for new patient registration functions in support of information technology (IT) registration initiatives at hospital main entrance and emergency entrance and maternity hospital main entrance in Lezha and Korca and consolidation and relocation of pharmacy storage and medication preparation areas in Lezha. Each of the schematic designs varies in the number of visitor/patient seating available. Renovations have been proposed for the existing waiting area at emergency services in the two hospitals and the entrance area to the pediatrics service in Korca. All proposed schematics were discussed with the hospital working groups on space utilization, the hospital director and deputy directors. Based on these discussions, slight revisions were made and sketches were approved by the hospital leadership.
- Analyzing proposed shifts of maternity units in Lezha and Korca to new locations. The maternity units of both hospitals are located in buildings away from the main campus. The objective of long lasting efforts on the part of the leadership of the two hospitals has been to bring the maternity unit into the main campus. The architect analyzed the viability of relocating the maternity services at several prospective sites on campus. The basis for analysis was the LDR+P delivery model which was included in the training on space utilization. None of the prospective sites proved adequate for the needs of the maternity services.
- Preparation of interior and exterior signage schedules for directional way finding at both hospital sites (in collaboration with Louise Myers).
- Sketches for both hospitals included Visitor Control points to support the visitor control initiative being implemented to improve security and infection control risk (see section on visitor control).
- The flow of patients, material, and staff in the two hospitals was studied and recommendations for improvements were made.
- Based on the current and anticipated needs and observed shortfalls at the two hospitals, a long-term vision for improved space planning was proposed. The vision was illuminated in sketches suggesting how the existing hospitals could be replaced over the long-term while maintaining the

existing buildings fully operational during construction. Alternative designs for a three-phased construction have been proposed (see example in Figure 3 below).

FIGURE 3: KORCA REGIONAL HOSPITAL – LONG-TERM PHASED HOSPITAL RECONSTRUCTION



- EEHR obtained pre-approval of the sketches and proposed changes at hospital entrance areas from the engineer chief of the Investment Sector of the MOH who also was invited to participate in discussions of the proposed sketches organized by EEHR for the three hospitals at the Queen Geraldine Maternity Hospital in July. The MOH engineer advised the project of the steps needed to be fulfilled for formal approval of the redesign to be obtained from the MOH.
- The EEHR team, working in close collaboration with the space utilization teams at the hospitals in Lezha and Korca, prepared detailed internal and external sign specifications for various types and sizes of hospital signs.
- With support from hospital architects and third-party civil engineers, EEHR prepared a detailed cost estimate for all parts of the work requiring refurbishment of hospital entrances.

VISITOR CONTROL

EEHR supported the establishment of visitor control working groups at all three pilot hospitals. The working groups have developed action plans and are finalizing policies and procedures for the implementation of visitor control in the hospitals. This initiative will significantly improve infection prevention and control in the institutions, increase patient satisfaction and privacy, and improve hospital security. When hospitals are visited by too many people, the poor and underprivileged are the first to lose access, or to need to pay to get access. A well-designed and implemented visitor control system guided by a sound policy ensures increased equity. Hospital staff supported by EEHR is working on defining the visitor control policies. A half-day workshop on visitor control for staff from the three pilot hospitals was held in Lezha to help accelerate internal policymaking and provide information about and discussion on deployment of practical tools for effective visitor control. EEHR is discussing various enablers of future visitor control policies at pilot hospitals. At Queen Geraldine Maternity Hospital, this could be an electronic admission system based on the use of magnetic e-cards. At Lezha, this would be a visitor control system enabled through a hospital information system module.

All pilot hospital working groups on visitor control completed drafts of visitor control policies. The policies were widely disseminated throughout the hospitals and staff discussions were held to harness their feedback on the draft policies. The hospital in Lezha started testing visitor control policies and procedures in real time at various hospital buildings.

By request from the director of the Queen Geraldine Maternity Hospital, EEHR international health facility architecture specialist reviewed proposed blueprints for the entrance to the hospital and the visitor control option. The blueprints were found completely adequate for the functional need they were going to address. EEHR explored options for automated access visitor control solution to the Queen Geraldine Maternity Hospital. EEHR also studied the capabilities and solutions available at vendors in Tirana to understand what options could be sourced locally and what type of software solutions and type of maintenance contract/commitment and costs that might entail.

INCIDENT REPORTING

EEHR is assisting all pilot hospitals in the introduction of an Incident Reporting System to allow for the collection and analysis of data on all unanticipated or "Near Miss" events involving patients, staff or visitors. Incident Reporting Forms and policies and procedures have been developed to begin to capture information on medication errors, patient falls, surgical complications including hospital acquired infections, delayed treatments, staff needle punctures and multiple other events for identification of systems weaknesses and priority points of intervention for management improvement. EEHR supported the development and promulgation of new policies in all pilot hospitals. Incident reporting forms have been approved by directors along with incident reporting policies. Incidents are being reported and mechanisms for analyzing the causes of incidents and deciding on actions needed to mitigate the risks associated with incidents and ways to address the root causes of incidents are being discussed.

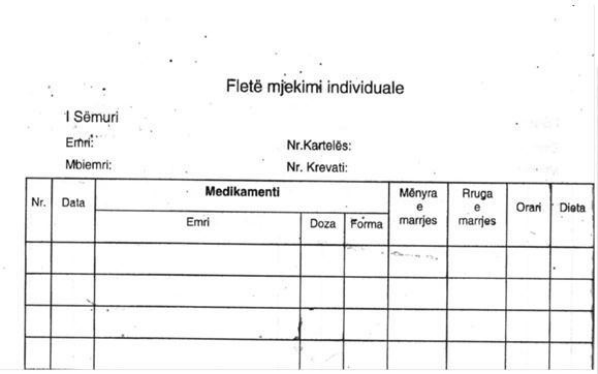
PATIENT MEDICATION MANAGEMENT AND REPORTING

Current practice in the pilot regional hospitals is the recording of the time when the physician orders the medication, but the actual time that the patient receives the medication is not currently a part of the patient medical record. This is a critical data element for assuring that patients have received medication as prescribed and can contribute to reducing loss of inventory. In Year 2, EEHR, working with the regional pilot hospitals, provided training and sample medication administration records and guidelines for improving medication administration recording procedures. The regional hospital in Korca has effectively implemented the new record adding a line to their current patient record where nurses register the time when the drug has been administered to the patient and a sign off on the record. The Lezha Regional Hospital also has proceeded to modify its patient record to include this information.

In addition, the hospital in Korca received new patient record forms with the new patient administration rules imbedded in the new form (see Figure 4 below). Lezha Regional Hospital is following suit by ordering a new patient record form to be printed. At the HRISG meeting held in September (see Strategy 2), the new patient medication administration recording system was proposed to become a national standard.

FIGURE 4: NEW VS. OLD PATIENT RECORD

Old Record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I Sëmuri

Emri: Nr.Kartelës:

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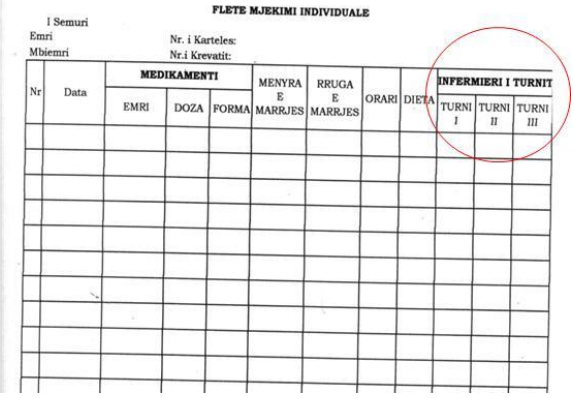
		Emri	Doza	Forma				

New Record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		EMRI	DOZA	FORMA					TURNI I	TURNI II	TURNI III

ORGANIZING ENVIRONMENTAL SERVICES

Current practice in Albania is to place responsibility for the hospital cleaning function within the department of Nursing. The hospitals are interested in following the North American and European model that organizes Environmental Services as a separate department in the hospital organization which may or may not be out-sourced. This enhances the professional status of the Nursing Department and establishes the management structure to provide the proper professional training to environmental services workers on infection control and proper hospital cleaning techniques. In Year 2, EEHR has provided training resource material, hospital cleaning standards resource material and guidance on outsourcing of environmental services. An EEHR international expert has reviewed and provided comments on a proposal for outsourcing the environmental services function at Queen Geraldine Maternity Hospital.

OUTSOURCING SERVICES

EEHR provided a one-day workshop to all pilot hospital management teams on how to outsource non-clinical services (food service, laundry, environmental services) focusing on contract specifications, contract performance indicators and monitoring, and cost evaluation. Each pilot hospital has an outsourcing working group currently working on development of proposals for non-clinical service outsourcing to improve the quality of these services and increase patient satisfaction. The trainings were highly instrumental to all hospitals. At Korca hospital, the staff was completing a process of outsourcing the laundry service. In Lezha, the regional hospital has used the training material and newly acquired skills to prepare for the outsourcing of laundry and food services. The team has done outstanding work using international best standards and approaches to outsourcing provided through EEHR technical assistance. At Queen Geraldine Maternity Hospital, the team is actively participating in work and discussions with the hospital leadership surrounding the issue of outsourcing the function of environmental services versus keeping it in-house.

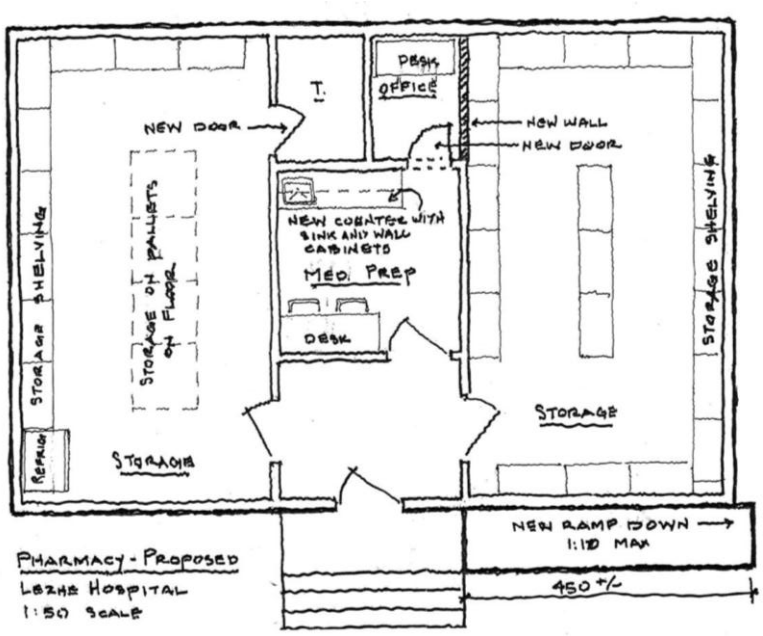
By the end of Year 2, laundry services at Korca Regional Hospital were being outsourced. The hospital has reported a significant improvement in the quality (cleanliness) of linen washed at the new facilities which are being renovated and re-equipped by the vendor (see Figure 5 picture below). Staff and patient satisfaction also has increased as a result of the improved quality of linen. Hospital staff have reported a visible reduction of instances when visitors bring their own linen and blankets – associated with the improved washing services.

FIGURE 5: KORCA LAUNDRY ROOM BEFORE AND AFTER OUTSOURCING

PHARMACEUTICAL SUPPLY MANAGEMENT

A significant operational impediment at the Lezha Regional Hospital is its medical supplies logistics system. The hospital currently is using five separate warehouses to fulfill demand for drugs and supplies at various hospital wards. Lack of centralized storage creates various inefficiencies and problems associated with inventory control and distribution of drugs. In Year 2, by working together the EEHR and Lezha hospital teams identified and proposed a location for centralized storage. In addition, EEHR provided training on "Guidelines for Storage of Essential Medicines and Other Health Commodities." EEHR's international health care architect Mr. Hoey provided technical assistance by preparing sketches for a new consolidated pharmacy warehouse (see Figure 6 schematic drawing below).

FIGURE 6: LEZHA CONSOLIDATED PHARMACY WAREHOUSE



ENHANCING HOSPITAL LEARNING AND KNOWLEDGE DISSEMINATION THROUGH JOINT TRAININGS, EXCHANGE OF EXPERIENCE, AND USE OF TECHNOLOGY

EEHR procured teleconferencing/telemedicine equipment for the hospital in Lezha. The project also refurbished and furnished a telemedicine workroom.

The project is enhancing the capacity building of working group members by bringing together groups from different hospitals to present plans and products and engage in structured discussions with the help of international experts. During the reporting period such joint activities were conducted for groups in outsourcing and visitor control.

With the help of the USAID-funded Telemedicine Project, EEHR has made video records of the trainings which together with the training material can be used to replicate trainings in the future at low cost. Video-training materials are being cleaned and formatted to enhance quality and include slides and other materials delivered during trainings.

The EEHR international expert on board of directors and standards of care, Mr. David Gagnon, delivered a presentation on quality of care and the roles of hospital medical committees. The three EEHR pilot hospitals were included in the presentation via the telemedicine systems with more than 20 doctors and nurses participating across the three hospitals.

EEHR has investigated the option of having EEHR trainings/workshops accredited by the NCCME as this will contribute to the further institutionalization and sustainability of project trainings. The NCCME tracks the continuous training of physicians only which would limit the number of beneficiaries from among the participants in EEHR trainings many of whom are not physicians. The accreditation requires submission of training materials in Albanian at least 45 days before the planned delivery of training. With significant preparation and lead times needed in addition to the 45 days for review and approval, the project determined that it did not have time to deliver a first round of trainings per the approved work plan deadlines and pursue accreditation for project-supported courses at this time. However, the training material was made widely available including to the NCCME and is ready to be accredited in advance of another delivery of trainings in the future. EEHR reached a verbal agreement with NCCME that to the extent possible subsequent trainings will be accredited if the NCCME considers the material submitted less than 45 days before the training but sufficiently in advance to enable it to provide the due diligence necessary to accredit the course.

Two trainings/workshops were accredited by NCCME during the final quarter of Year 2 – the workshop on hospital space planning and utilization and the workshop on hospital cost accounting. EEHR provides participants in trainings with certificates bearing the USAID logo and the MOH logo. The certificates of courses accredited by NCCME also provide the number of credits the course is awarded by the institution.

IMPROVING TRANSPARENCY IN HOSPITAL SERVICES DELIVERY ISSUES

Over the course of Year 2, EEHR collaborated with the EU Project Against Corruption in Albania (PACA) on the issue of helping to ensure that as patients arrive at hospitals they understand what services they are entitled to receive free of charge and what services they need to pay for. The two project teams reviewed and discussed together the legal base for paid vs. free of charge services concluding that gaps and lack of sufficient detail in the legal framework is a potential source of ambiguity to users of health care. The teams agreed on a plan that would involve a desktop review of regulations on cost of services. Based on the findings of such review focus groups could be conducted with citizens to gauge the extent to which the current system of payment/co-payment/no payment is clear and comprehensible from the point of view of the user, document findings and recommend actions. It was agreed that the PACA alone will engage in discussions with the MOH regarding this plan. The EEHR will review and provide feedback to the focus group questionnaire but will not engage directly in focus groups or discussions with the MOH on the subject due to the high sensitivity of the MOH to the issue of corruption as a barrier to access. The EEHR will collaborate with PACA and will further contribute to an improved transparency of health services by working on defining benefit packages for hospital services.

The project suggested to the MOH to establish a working group from among MOH and HII experts tasked with defining the hospital benefit package. This approach is consistent with the new law on compulsory health insurance envisioning the creation of such an expert group for the benefit package. USAID has encouraged EEHR to source the required expertise locally to develop a package of services offered at the hospital level as opposed to using an international expert and this recruitment of a locally-based consultant will be done in the next project year.

COST ACCOUNTING FOR HOSPITALS

During the project year, an EEHR international hospital cost-accounting expert Mr. Alexandr Katsaga worked with the project, MOH, HII, and pilot hospital staff to develop and propose a step-down cost accounting methodology for hospitals based on international standards. The proposed methodology establishes a mechanism of standard cost calculation of curative care and diagnostic units of hospitals for various types of health services. The methodology allows users to record and analyze costs of health facilities split by unit.

A survey/study was conducted to determine various hospital costs at the three hospitals: the total final costs and overheads for a hospital unit, specific costs of bed-days and of a finished case, average specific costs of a visit, test, procedure, service, etc. Meetings were held with hospital management (hospital leadership) and technical (finance and statistics) staff to provide orientation on the aims and objectives of the study, and a discussion of topical issues related to the improvement of hospital management.

Among the major conclusions from the work on hospital costing are that the hospitals on the whole manage well their aggregated financial data; they have standard reporting forms for planned and actual financial data by year breakdown. However, the current budgeting based on historical costs and infrastructure funding does not factor in performance results and population needs, thus it does not concur with modern trends in hospital finance.

As a part of the study, guidance was provided on the methodology for establishing cost centers for the purposes of cost accounting studies.

Based on the information provided by pilot hospitals, cost-accounting tables for each hospital were prepared in Excel to allow managers to simulate various scenarios reflecting changes in the cost, structure and array of services, and trace the impact of these changes on the cost of discharged cases by department.

The study allowed evaluating the status and availability of financial and statistical information required for cost analyses of health facilities with the purpose of improving internal hospital management, increasing the autonomy of health providers and developing new financing mechanisms in the future.

The results of the study also will allow hospital managers to view the facility structure as an economic unit and simulate the impact of various management decisions on hospital costs.

Mr. Katsaga conducted a two-day training seminar on cost allocation for 18 representatives from pilot hospitals – hospital managers, statisticians, finance experts, MOH, HII, Ministry of Finance, NCCME and NCQSA experts. The seminar, held on September 12-13, 2012 included basics of managerial accounting, cost allocation methodologies, and lessons learned from the cost accounting study. EEHR applied for and received accreditation for the training by the NCCME.

This activity provides valuable support to the hospitals and HII to understand better the costs currently associated with delivering care. Once a package of services for which HII is interested in financing is determined (see Strategy 2, Activity 2 below), a more refined study of costs associated with the package will be possible.

Activity 4. Strengthen Human Resources Management to Improve Performance and Increase Staff Accountability

EEHR delivered a full-day training workshop in Human Resources (HR) Management and provided a HR Management self-assessment tool to all pilot hospitals. After completion of the training and tool, all pilot hospitals established HR working groups, developed Action Plans describing activities, deadline dates, and responsible persons, and began working on a New Employee Orientation program, detailed job descriptions, and implementation of an improved annual Performance Planning and Evaluation system. EEHR has identified and adapted training materials on the following topics:

1. Staffing to meet service delivery needs;
2. Job descriptions for physicians, nurses, and other medical and non-medical staff;
3. Performance evaluations;
4. HR data and information;
5. Personnel policies and practices;
6. Training and staff development; and
7. Developing HR management capacity.

An additional half-day workshop on HR for the three hospital HR working teams was held on July 5 in Korca. Action plans and results achieved against respective plans were presented by the three HR hospital teams. The workshop also included:

- An exercise where the hospitals were able to share new job descriptions that had been drafted for a critique by members of another hospital's HR working group;
- Presentation of a Management Sciences for Health performance planning and review tool; and
- A role play of a performance evaluation session was held demonstrating the concepts of supportive supervision and performance planning for the year ahead.

New employee orientation manuals and programs are being field tested at pilot hospitals. New job descriptions have been prepared for staff at the participating hospitals with over 50 being produced at each. New performance evaluation forms have been prepared. They will be tested in the first quarter of Year 3 in selected hospital units. Job descriptions for physicians are still to be developed in the Queen Geraldine Maternity Hospital, while job descriptions already have been completed for all other positions.

Mr. David Gagnon, EEHR's international consultant on board of directors and standards of care, worked with the team of the Queen Geraldine Maternity Hospital to incorporate staff compliance against standards of care in proposed hospital governance by-laws and staff job descriptions. Lessons learned through this process will inform actions in the other two pilot hospitals that will improve the performance of staff against standards of care in the future.

Activity 5. Initiate Improvements in Health Information Systems (HIS) to Generate Information for Management Decision-Making

With support from international expert, Dr. Ahmad Hashem, EEHR developed health information strategies for the three pilot hospitals this year. The project identified priorities in hospital information systems and began implementation in the following areas:

IMPLEMENTING MODULES OF A HOSPITAL INFORMATION SYSTEM (HIS)

EEHR is assisting the pilot hospitals to improve their management, administration, and operational efficiency by implementing modules of a hospital information system. The modules would initially include registration, admissions, transfer and discharge, ICD/OPS coding, and Human Resources, for the purposes of tracking, managing, and optimizing the key patient flow processes within the hospitals. When the full HIS is implemented, it will improve patient satisfaction, reduce waste, improve operational efficiency, and most importantly, improve patient safety and reduce errors.

EEHR assessed the availability of hospital information system software solutions in Albania. The results of the assessment pointed to a fragmented set of software solutions available to the needs of general secondary and tertiary care facilities as the hospitals in Korca and Lezha. None represents an integrated solution covering all areas foreseen by a HIS such as patient admission, transfer and discharge, visitor control, ward module, pharmacy, laboratory, finance, human resource. Notable exception is the availability of a German software package for maternity hospitals adapted for Albania. The software called Astraia is installed at Queen Geraldine Maternity Hospital in Tirana and the Maternity Unit of the Korca regional hospital. The same software is planned to be installed in Lezha Maternity during 2013 with MOH support.

A working group on HIS was established in Lezha and it has finished the stage of defining the requirements for the admissions, transfer, discharge, and ward modules and is preparing the implementation and training schedule for the modules in collaboration with EEHR experts. Automation at the front desk resulting from the installation of the admission and discharge module will help reduce informal payment by applying a rigorous system that implements the hospital policies for allowing equitable access to all patients who need services.

Working closely with the Lezha HIS team and Lezha leadership, Mr. Hashem created a detailed project plan for HIS admissions/discharge module deployment, to be signed off by all stakeholders, covering the steps and timelines for:

- Network infrastructure procurement and deployment
- Hardware (PCs, servers, printers, VOIP phones, cameras, UPS units, large screens, server room) procurement and deployment
- Software configuration
- Detailed training program for the different user roles

Mr. Hashem provided input to plans for improved hospital flows of people and material and accommodation for the needs associated with installing computer-based hospital information systems; and to set up the stage for the effective implementation of visitor control and hospital signage system.

EEHR finalized:

- Specifications of the networking infrastructure equipment and accessories.
- Specifications of hardware (PC's, servers, printers, VOIP phones, cameras, UPS units, large screens, server room) needed for the HIS admissions/discharge software module.
- Detailed admissions/discharge software screen designs and functionality, including the data fields on the screens for the following admissions/discharge user roles:
  - Registration clerk
  - Admissions clerk
  - Cashier

- Filing clerk
- Chief nurse
- Physician

EEHR prepared a draft RFP for the software of an admission, transfer and discharge module. Technical requirements were sent to IT departments of MOH and HII and their recommendations are being discussed before the RFP is issued in Year 3.

DEPLOYING IT INFRASTRUCTURE

In order to prepare the pilot hospitals to use software systems needed for improved management and operational efficiency, EEHR will be providing Lezha Regional Hospital with the IT infrastructure that serves as a basic building block and enabler for hospital software systems. The infrastructure includes the cabling and networking equipment that hospital information systems typically need, in addition to a standards-compliant server room, and a set of personal computers and printers. Specifications for equipment have been prepared during the year.

IMPROVING THE UTILIZATION OF MATERNITY SOFTWARE

EEHR is assisting Queen Geraldine Maternity Hospital management to receive the right amount and timely information for decision-making through improving by 40% the utilization of the maternity software already deployed at that hospital. The improved utilization is achieved by the introduction of new training and support processes, adding more accessories and equipment, and integrating the software with ultrasound machinery in the hospital. Together, these interventions serve to enhance the capture and documentation of key patient information, allowing clinicians and executive management to utilize updated patient information for decision-making. All these measures are expected to lead to high usability of software and allow for a gradual transition from paper-based to paperless information exchange by the first quarter of 2013.

EEHR procured the Dicomm software that makes ultrasound images available for review through Astraia terminals at the hospital. In the past the image from the ultrasound machine could only be processed by that one machine which was cumbersome and limited the use of the machine. The Dicomm software enables the image to be immediately uploaded onto a computer which can process the image separately. The software augments the use of existing provider capacity/infrastructure multifold as images now can be processed and viewed from more than 50 computers in the hospital. The ultrasound machine is now available to be used by a larger number of patients thus improving access of patients to important health services. The Dicomm software was installed and successfully tested during Year 2.

EEHR organized two-day trainings for more than 30 nurses and doctors appointed by the Hospital Director as focal points for internal staff support on the use of Astraia. EEHR, together with the hospital director and representatives from Astraia determined the best locations for additional printers and PCs to support increased use of the software.

This year EEHR procured, configured, and installed 20 printers and 5 PC at the Queen Geraldine Maternity Hospital in an effort to further improve the utilization of Astraia. EEHR is also procuring the consumables for the printers until the hospital new budget year starts. Then such expenses will be covered from the hospital budget.

CONNECTIVITY WITH THE NATIONAL CIVIL REGISTRY

One of the activities that EEHR started exploring in April 2012 is to initiate a project to electronically connect Queen Geraldine Maternity Hospital to the National Civil Registry. The purpose of this connection is to do preliminary registration of newborns at Queen Geraldine with the civil registry in a timely fashion. The rationale for this activity is the following:

- Newborns in Albania are sometimes late in getting registered with the civil registry, which might delay the care provided to newborns including vaccinations, and reduces the quality of M&E indicators.
- Queen Geraldine Maternity Hospital accounts for a significant number of newborns in Albania,

so doing the preliminary registration there would be a meaningful project.

EEHR staff and Dr. Hashem held meetings with the Director of Queen Geraldine Maternity Hospital and with the Director of the National Civil Registry, separately and then jointly, to clarify the concept and the path forward. There was agreement between EEHR and both parties to begin initial communications towards making this connection a reality. In this activity as in all that EEHR is pursuing, transparency and collaboration is emphasized between us and the counterparts but also being encouraged among the different institutions as a general means of operating as well as an end goal.

Activity 6. Strengthen Hospital Management and Governance as a Pathway to Achieving Full Hospital Autonomy

There is a need to clarify the full meaning of newly declared hospital autonomy in Albanian legislation, as well as to redesign the structures that govern the hospitals (both internally and externally). A review of legislation and recommendations regarding hospital registration and options for greater autonomy was conducted this year. The review included recommendations for next steps, both in general and specifically related to EEHR pilot hospitals.

EEHR has been working with Queen Geraldine Maternity Hospital on the establishment of a hospital governing board. Information on the roles and responsibilities of a hospital governing board and how they differ from the roles and responsibilities of hospital management have been reviewed with the Maternity Hospital in addition to information on recommended hospital governing board membership composition.

Mr. Gagnon, EEHR's international expert on board of directors and standards of care, worked with the project team to prepare the base for hospital autonomy at the Queen Geraldine Maternity Hospital, namely by proposing a new governance structure based on a hospital Board of Directors (BOD) having representatives from the community as members, in addition to ex-officio members. The consultant worked closely with the leadership, the legal counselor, and the medical staff of the hospital to develop by-laws of the BOD which blend international standards with the specifics of the local professional and legal environment. The proposed by-laws aim to ensure the participation of the hospital medical staff in the hospital governance by highlighting the roles and responsibilities of a medical committee in the oversight of quality issues including the compliance of staff performance with standards of care.

3.2 STRATEGY 2: IMPROVE HEALTH REFORM POLICY AND PLANNING

In Year 2, EEHR supported the MOH in solidifying a sustainable process for health planning, policy formulation, and reform implementation and by doing so achieved nearly all the annual project targets for this Strategy. EEHR helped the MOH to establish a Health Reform Implementation Support Group (HRISG) as a national-level reform coordination and implementation support mechanism and its Secretariat within the MOH's M&E Department. EEHR also started building institutional mechanisms and structures for effective support to the implementation of a national and regional health system M&E framework at the national and regional level. M&E working groups were created at the national and regional levels to exchange and analyze health system data in support of evidence-based decision-making. Scopes of work were drafted and approved for regional health directorates, addressing a significant gap in the health sector governance structure that was identified in the Year 1 EEHR Governance Review. EEHR also began working with IPH, the institutional home of the Data Warehouse envisioned as the largest database of national and regional health data, to enable user-friendly database outputs to support national and regional evidence-based policy planning and decision-making. Two significant outcomes achieved under Strategy 2 activities this year were the decisions of the HRISG to move forward with the national roll out of the medication administration form and incident reporting – building on lessons learned already from pilot site reform implementation; and the agreement to establish working groups on hospital autonomy and development of a package of hospital services.

Activity 1. Ensure Reform Coordination Mechanism and its Secretariat are Functioning

EEHR is supporting the MOH in establishing a sustainable process for health planning, policy formulation, and reform implementation. In Quarter 3, EEHR continued to support the MOH M&E Department in its secretariat role for the Health Reform Implementation Support Group (HRISG). The EEHR proposed changes in the SOW of the M&E Department were adopted and now reflect the newly assumed secretarial functions within the job descriptions of its members. This activity will continue as EEHR will support the group in assessing reports and updates from the hospital reform implementation process for decision-making.

The EEHR assisted the MOH's M&E unit to strengthen its capabilities to perform the secretarial function for the HRISG through trainings on notes taking, agenda setting and other secretarial skills and purchasing of small equipment to facilitate this work.

One of the results of the establishment of HRISG was the appointment of a working group on hospital reform from among specialists from MOH, HII, NCCE, and NCQSA to support the work of HRISG by providing in-depth oversight of hospital reforms. EEHR organized two meetings for this working group during the year. The meetings informed group members regarding EEHR planned hospital improvement interventions, received feedback from the working group, and invited members to visit pilot hospitals together with EEHR representatives and receive first-hand experience from the work of hospital working groups. Training and other learning materials provided to hospital staff by EEHR international experts also were disseminated in hard and soft copies to the group.

During the year, the EEHR COP and Senior Policy Advisor met with members of HRISG to inform them of hospital improvement initiatives. Such meetings are conducted continuously to provide updates on a regular basis to all members.

Following the first meeting of the HRISG in February, EEHR and the MOH organized the second meeting of the HRISG on September 27. More than 60 representatives from various health care institutions and organizations, donor and community organizations participated in the event. The meeting was honored by the participation of the Minister of Health and the USAID Mission Director as well as journalists from major national media. The objectives of the event were to:

- Highlight the achievements, challenges and lessons learned from the joint effort of the EEHR and pilot hospital teams in the implementation of various interventions improving hospital management and administration. Hospital directors and deputy directors delivered presentations on achievements and challenges to date.
- Present EEHR plans for the next project year. The EEHR COP presented the plans of the project for Year 3 of the project.
- Outline achievements in support of the health policy and planning function in the regions. Presentations on the subject were made by the EEHR M&E Specialist and the Chief Nurse of the Lezha hospital.
- Draw conclusions and propose and discuss recommendations for future actions at the national level stemming from the results from the first six months of implementation.
- Demonstrate in more practical ways the achievements of the project through presentation of work done in pictures and documents. Hospital stands were prepared exhibiting pictures from work done under the project and hard copies of documents produced. All participants in the meeting received a flash drive with all training documents produced by the EEHR since March 2012 and various documents (policies, forms, manuals) produced by the hospital and EEHR teams in implementation of hospital interventions. Groups from pilot hospital staff were available at the stands to answer questions and provide detailed explanation regarding the implementation of the activities to any interested participants.

The key outcomes from the meeting were:

- Agreement to move forward with national roll out of the medication administration form and incident reporting system; and

- Agreement to establish two technical working groups – one to work on the issue of hospital autonomy and a second to develop the hospital package of services required under the new law on compulsory health insurance.

The EEHR team, in consultation with the MOH, prepared a policy brief presenting the rationale for the policy actions suggested at the meeting. The objectives of the HRISG meeting were accomplished.

Activity 2. Support Measures to Increase Hospital Autonomy while Defining and Maintaining Appropriate Oversight

As reported above, an EEHR legal consultant reviewed the policies and laws governing hospitals and advised on steps needed to move toward greater autonomy. The lawyer conducted numerous meetings with the EEHR team, EEHR pilot hospital management, legal, HR, and finance staff, and the leadership and staff of Durres regional hospital, which has operated autonomously for a number of years. The consultant also reviewed laws and regulations related to hospital autonomy and the autonomy granted to primary health care facilities. The report includes recommendations to improve the legal/regulatory basis for hospital autonomy broadly and in regards to EEHR's pilot hospitals. EEHR submitted the report to USAID and received and incorporated comments. Once finalized, the report will be translated and made available to the teams from the pilot hospitals and an expert working group on hospital autonomy that will be created by the MOH in Year 3.

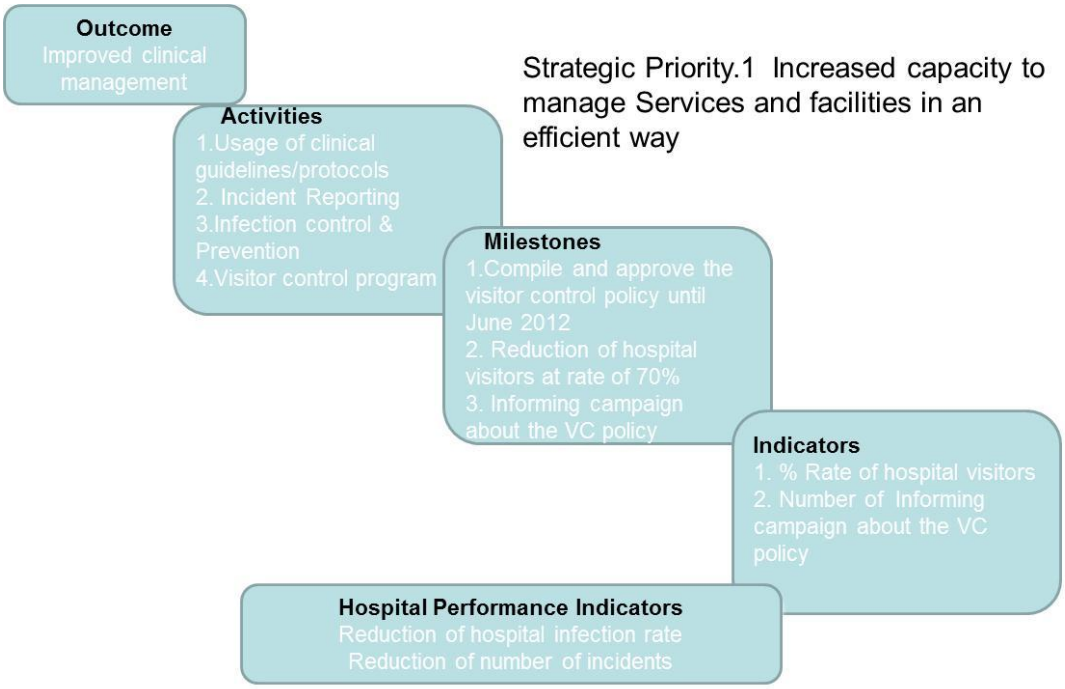
Activity 3. Continue to Build Capacity to Monitor Hospital and Health System Performance Indicators to Inform Policymaking

EEHR continued to make progress with capacity building for monitoring hospital and health system performance. Building on work performed in prior quarters, EEHR continued to support the efforts of the national working group on M&E. Meetings of the national level Working Group on M&E were held to review and provide feedback to the MOH M&E department's Milestones Report 2011, Health Sector Activity Map 2012, and Annual Performance Report.

EEHR assessed the current status of the monitoring system that is in place in the two pilot regions. The project identified that each of the three health institutions (HII, RHD, and the hospital) has its own limited monitoring system. The institutions are collecting some data but the coordination and communication around data flows is missing.

With EEHR support, M&E regional working groups were established in Lezha and Korca by appointed representatives from the HII, Regional Health Department and the Regional Hospital. Discussion in a workshop format facilitated by an EEHR expert resulted in the groups' identifying bottlenecks to information and data flows related to lack of communication and communication tools (such as IT equipment by some group members) and agreeing on a regional tailored set of health sector performance indicators, including hospital performance indicators. Regional health sector indicators draw on the strategic priorities set in the draft national health strategy and national level health indicators as illustrated in Figure 7 below.

FIGURE 7: A MODEL OF REGIONAL HOSPITAL INDICATORS



In order to prepare a plan to build capacity of M&E units in regions, EEHR developed a checklist of core competencies needed and assessed them with M&E staff in two regions. EEHR identified that there is a need to increase the capacities of regional M&E staff on data collection, analysis and reporting.

Following discussions at the MOH's national and regional levels, SOWs for the M&E units of the Regional Health Departments were prepared and proposed to the MOH. Meetings were held with the Head of the MOH Department of Public Health and Chief Sanitary Inspector to explain and discuss the rationale behind the proposed SOW and gain his support for the proposal. The Head expressed support for a pilot in Lezha and Korca and proposed to the Minister of Health that he sign an order approving amendments in the M&E units' SOW in the two regions. The work of the M&E units in Lezha and Korca will be monitored and if proven successful the pilot will be rolled out to other regions. EEHR provided regional M&E units in Korca and Lezha with a computer and printer – this equipment is essential for data collection, tracking, information exchange, and communication.

In line with activities 3.3 and 3.4 under the EEHR Year 2 Work Plan, EEHR proposed to USAID a SOW for training of national and regional-level M&E Working Groups to help complete the capacity building process for regional reporting in support of information based health policy making. The proposed effort would deliver three days of trainings to 20 members of national and regional working groups on such topics as basic data analysis, presentation and use of data in decision-making for the MOH, other national health institutions at both the national and regional levels and-modern techniques of health sector performance improvement: measuring institutional performance and managing change within an organization. An international consultant trainer was not approved for this activity, and the project decided to postpone the training for the first quarter of Year 3. The project has worked to identify an alternative M&E expert for the training whom to propose for approval to USAID.

The M&E system would greatly benefit from a simple IT in which will be embedded a set of selected hospital indicators that were developed during the third quarter. Dr. Hashem, EEHR's international expert on HIS, conducted a current assessment of available tools and technologies to support this objective. The following findings were made: The World Bank funded the creation of a Data

Warehouse at the IPH. While significant work has been done to build the warehouse, the needs of the end users of the product – data analysts and policymakers – have been overlooked. The data is stored in the data warehouse in a format that cannot be used to generate reports. This is the result that data is stored as text rather than numbers and text cannot be analyzed. EEHR HIS expert recommended specific steps to IPH for the data warehouse developer to correct this issue. Following these recommendations the IPH has requested the developer to transform the numbers from text format to a number format, and to do so rapidly.

The developer of the Data Warehouse prepared and presented to IPH and EEHR an assessment of additional work that needs to be performed to enable the functioning of the Data Warehouse. The assessment has been reviewed by EEHR and IPH experts. Meetings will be held in the first quarter of Year 3 between EEHR, IPH and the developer to determine roles and responsibilities for the completion of the additional work.

EEHR will work with IPH to identify tools for user friendly reporting and presentation of data in the warehouse and will assist with the deployment of such tools in the next quarter.

3.3 STRATEGY 3: ENHANCE NON-STATE ACTORS' PARTICIPATION AND OVERSIGHT OF HEALTH SYSTEMS PERFORMANCE

While several activities under this component were implemented or initiated in Year 2, others (including utilization of the small grants program) have been either postponed or delayed. Communication activities, including hospital public relations and outreach activities, were postponed until hospital improvement interventions were successfully underway so that the communication channels and messages could more closely mirror the priorities of reform implementation. Several non-state actor engagement activities were delayed as EEHR worked to redesign the implementation plan for this strategy in consultation with USAID and as the project recruited for and hired a new local staff member to lead this component. It was agreed that subcontractor O'Hanlon Health Consulting would no longer provide technical expertise to the project. Instead, EEHR will rely on local staff and consultants, with limited guidance from Abt home office expert in health behavior change communication and public relations, Ms. Gael O'Sullivan. The revised implementation plan for engaging non-state actors, which will include activating the project's small grants program, has been refined as part of Year 3 work plan discussions and activities will be quickly initiated in the first quarter of Year 3. The following activities align with that draft plan.

Activity 1. Engage Non-State Groups to Provide Inputs and Participate in Dialogue and Communication Regarding Health Reforms and Hospital Improvements

EEHR conducted a literature review of studies related to non-state actor engagement in the health sector and consumer voice in the health sector. This review confirms that overall patient satisfaction and trust in quality services remains limited, and accountability mechanisms are needed. Poorer Albanians have less access to the health care system and pay more out-of-pocket than wealthier groups. Three out of four Albanians are not covered by health insurance, and key indicators such as the infant mortality rate and the under-five mortality rate are relatively high compared with other European countries. None of the studies examined as part of the literature review were qualitative in nature. This creates a gap in understanding the specific knowledge, attitude, and behavioral factors influencing consumers' relationship with the health care system.

EEHR also held meetings with a broad range of health system stakeholders including civil society, professional associations, journalists, health authorities to assess communication channels and coordination mechanisms, and draft action plan.

Activity 2. Implement Small Grants Program

The EEHR Small Grants Program Manual was developed and approved by USAID in Year 2. The project prepared a Request for Applications (RFA) for a grant for formative research through focus groups to gain qualitative insights about the current situation, barriers to change, and opportunities

for messages and channels, and received approval from USAID on the proposed SOW of the RFA. This work will be initiated early in the first quarter of Year 3.

Activity 3. Build Capacity of Media to Play an Effective Role in Health Reform

Open democratic societies have recognized the important role of journalists and the media in general to support transparency and good governance and to inform citizens. Journalists and media are powerful agents for influencing social perceptions and attitudes. Engaging the journalist community is essential for finding ways to influence consumers' attitudes and habits toward their own health and that of the health system itself. Early in Year 2, EEHR finalized a media audit which assessed the capacity of the media to report on health sector issues, and mapped out the relevant media channels in the country.

In addition to the above activities in the Year 2 Work Plan, EEHR, with USAID approval, also took on a new activity to increase capacity for internal and external hospital communication (public relations) which will be more fully articulated in the Year 3 Work Plan. Hospitals are organizations of significant social importance. Their social role often places them in the spotlight of national and local news and debates related to the health status of people and the value of social services provided by the government. Often challenged by quality and management issues, public hospitals find themselves increasingly exposed to situations that may damage their reputation. Thus, they are often seen as subject of public criticism of their performance or as defendants in costly civil cases brought up by patients injured by hospital actions or inactions. Capabilities for good internal and external communications play an essential role in supporting hospitals as organizations providing essential services to the public. In Year 2, EEHR worked with hospital directors to identify hospital staff possessing the kinds of skills and experience that will make them likely to succeed in building and supporting the hospital communications function with the technical support of the project. EEHR helped form internal working groups to be trained in internal and external communication techniques and start developing internal and external hospital communication and public relations (PR) strategies, plans, and activities. EEHR prepared a PR training module (the first part of a planned five-module training program) and provided training to nine hospital staff members on basic principles of PR. Seven meetings were held with the PR groups organized in the three pilot hospitals to discuss PR challenges, keys to success, and plans for building hospital capacity for improved external communications.

The American Embassy organized the ACT Now! launch and Citizens' Fair on June 21, 2012 to promote citizens' voices and highlight actions taken by citizens and organizations in the areas of governance, health, environment, and education. EEHR assisted USAID in coordinating the health section of the activity. The project identified, recorded and submitted to USAID five stories from various parts of Albania for the ACT Now! website. EEHR worked with HII, IPH, and the Queen Geraldine Maternity Hospital, to make their public health sector display interactive and to reflect the thoughts and priorities of citizens on health issues. The project designed and printed promotional materials, and also provided materials needed for the three Institutions that were part of the health tent of the ACT Now! street fair.

4. MANAGEMENT OVERVIEW

Management of the EEHR Project evolved in Year 2 with the unexpected departure of Chief of Party (COP) John Rockett in November 2011 and the arrival of new COP Julian Simidjiyski in February 2012. Mr. Rockett's sudden departure after only six weeks on the job was extremely unfortunate after a long recruitment process, and resulted in delays in implementation of several planned Year 1 activities and a delay in the development of the project's Year 2 work plan. Abt Associates home office staff worked intensively with USAID in November and December to focus project activities on

secondary level health care under the six health system building blocks, explicitly defining the "applied health reform interventions" mentioned in EEHR's contract scope of work that were planned for "Phase 2" of project implementation, to guide project implementation in Year 2. Based on this explicit focus, the project was able to develop and reach agreement with USAID and counterparts on the Year 2 Work Plan document and accompanying Gantt chart.

Mr. Simidjiyski, an experienced COP on other USAID health projects in the region, joined the project and posted to Albania in early February. Despite this unplanned transition, EEHR, under Mr. Simidjiyski's leadership, worked particularly hard in the last three quarters of the year to make up for lost time and quickly and intensively implement the vast majority of planned Year 2 activities. In order to achieve the rapid start-up of implementation of specific health reform interventions, EEHR recruited and mobilized a series of eminent international health reform and hospital management specialists to provide short-term technical assistance. These consultants included specialists in the following fields: hospital operations and management; hospital cost accounting; health information systems and IT; behavior change and communication (BCC) and social marketing for health; health facility space utilization; hospital governance; and standards of care and quality. Several of these consultants visited Albania more than once to conduct diagnostic activities, support the collaborative design of interventions with staff and counterparts, and provide support to activities through orientation to international concepts and standards, on-the-job training, and mentoring. This approach has ensured the quality and continuity of short-term assistance provided by the project.

Also in Year 2, the composition of the Albanian project staff changed in line with the new intervention areas reflected in the Year 2 Work Plan. Staff changes included a new hire, Dr. Filip Vila, as well as new assignments to existing staff Mirela Cami and Zamira Sinoimeri to act as Pilot Hospital Site Managers, for Korca Regional Hospital, Lezha Regional Hospital, and Queen Geraldine Maternity Hospital, respectively. Ms. Blerina Dudushi joined EEHR in July as Manager for Non-State Actors Engagement. Mr. Ervis Bregu, an experienced health information system specialist, was recruited and joined the staff in the third quarter of the year as Manager for Hospital Information Systems. Three on-site hospital coordinators also joined EEHR early in the fourth quarter. During the year, several other staff departed the project, including Dr. Altin Malaj, Technical Advisor, in February and Dr. Dorina Tocaj, Leadership Development and Communication Advisor, in May.

In consultation with USAID, EEHR shifted its approach regarding capacity building for health sector stakeholders. After reviewing materials and talking to stakeholders, EEHR decided that the MSH Leadership Development Program (LDP) was not the most appropriate tool for the project or the Albanian context. Subcontractor MSH is no longer working with the project as a result. In addition, EEHR modified its technical approach to Strategy 3 with guidance from USAID to focus more on citizen and community engagement, including direct citizen communication techniques. As a result of this shift, O'Hanlon Health Consulting is no longer working with the project to provide technical assistance in policy processes, involvement of non-state actors, and advocacy activities. Albanian staff and consultants, as well as site coordinators embedded in each of the pilot reform sites, will fill this role with support from Abt Associates home office senior technical expertise in health behavior change communication and PR.

5. PROJECT CHALLENGES, OBSTACLES, AND DIFFICULTIES

Many of the project challenges, obstacles, and difficulties have been discussed in other sections of this report. They include the project's COP transition, delays in getting an MOU between EEHR and the MOH signed, and delays in implementing Strategy 3 activities, including the Small Grants Program. Regarding the MOU, an MOU has been developed that has been reviewed and approved by Abt Associates, USAID, and the MOH. While the MOU is ready for signature, it implies a project commitment to provide a significant amount of material assistance which should be explicitly approved by USAID as part of EEHR's scope of work prior to signing. EEHR is discussing with USAID the best way to move forward to gain contractual approval for the project to provide material assistance.

Regarding delays initiating implementation of Strategy 3 activities, EEHR has taken steps to kick-start these efforts in Quarter 4 and the first quarter of Year 3. Abt Associates home office technical assistance in communications and the engagement of non-state actors took place the week of September 17 to initiate activities. An initial small grant activity was planned to conduct formative research to support Strategy 3 activities and an RFA was issued for this work. EEHR will continue to ensure that concrete activities under Strategy 3 are initiated rapidly in the first few months of Year 3 to make up for Year 2 delays.

During Year 3 Work Plan development, USAID cautioned the project to avoid an over-reliance on international consultants which has the potential to undermine and under-utilize local expertise, risking inefficient management of resources and issues with the sustainability and local ownership of the processes and results. EEHR has adjusted the use of international short-term technical assistance in Year 3 in an effort to reduce the overall level of external expertise utilized over time, as local capacity to design and implement health reforms is increased. However, it was agreed with USAID that international technical assistance will still be required in areas where there is limited expertise in country, and that additional technical assistance and management support would be needed if the project is to undertake the planned material assistance for Year 3, which includes limited hospital refurbishment, procurement of IT equipment and improvements in IT infrastructure, and purchasing of HIS software modules.

When reviewing the project's progress against the scope of work in the contract, USAID has noted three additional results planned for "Phase 1" of project implementation that EEHR has not yet supported counterparts to implement: development of a standard package of hospital services to be covered by health insurance; development of referral mechanisms between different levels of care; and costing of the defined services. However, it should be noted that while these are mentioned as Expected Results for Phase I, they are also included in the contract scope of work as Tasks for Phase 2, which is to be initiated by the end of the second year of the project life. In this section, they are listed as follows: define services and associated costs for poor patients at primary and secondary levels; and improve/develop referral mechanisms between different levels of care. Therefore, EEHR concludes that the project is not behind on implementation of these activities and has included them in the Year 3 Work Plan. Because intensive reform implementation in regions began the second quarter of Year 2, the project may in fact be considered ahead of schedule when compared to the contract scope of work, having already identified the pilot regions/sites and begun field testing the reform tools and implementation approaches in designated pilot region(s) defined as the main objective of Phase 2.

In addition to project challenges and difficulties, EEHR also faces a number of external challenges operating in Albania. One issue is rapid turnover of ministers of health and other key counterparts. This has the potential to hinder the process of health policy formulation and continuity of leadership which are some of the key prerequisites to successful health policy reform execution. The new people need to learn and adapt until they become productive in their new positions. EEHR's strategy to mitigate the impact of this challenge is to build capacity among technical staff who are less likely to transition as quickly or as often, ensure new counterparts are briefed on project activities and interventions specifics, and facilitate new agreements or confirm existing ones as needed to support joint implementation. A second challenge the project has faced in Year 2 is that many reform interventions being implemented require significant organizational change management and behavior change at hospitals. While progress has been laudable in all EEHR pilot sites to date, real organizational and behavior change often takes years to institutionalize. It requires strong, dedicated, and continuous leadership and as well as a new organizational culture which embraces change, learns from past mistakes, avoids finger pointing or blaming others, and includes more collaboration with sharing risks and rewards related to the implementing of new policies and procedures. EEHR is working with hospital management teams to raise their awareness around change management models and to be conscious of organizational culture shifts that may be needed as activities are planned and implemented.

6. DELIVERABLES SUBMITTED

During Year 3, the EEHR project submitted the following project deliverables:

1. Jeffers, Joanne, October 11, 2011. *Trip Report – Policy Prioritization Support.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
2. Enabling Equitable Health Reforms Project in Albania. October 14, 2011. *First Annual Report – FY2011*. Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
3. Nelku, Raimonda, September, 2011. *Media Audit of Health Issues.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
4. Jeffers, Joanne, October 17, 2011. *Identifying Priority Areas for Health Reform Implementation.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
5. Post, Susan E. Pritchett, November 1, 2011. *Trip Report – Leadership Development Technical Support.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
6. Post, Susan E. Pritchett, November 2011. *The Albania Health Sector Leadership Study, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates, Inc.
7. Enabling Equitable Health Reforms Project in Albania. December 2011. *Grants Manual.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
8. Enabling Equitable Health Reforms Project in Albania. January 13, 2012*, First Quarterly Report – FY12,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
9. Enabling Equitable Health Reforms Project in Albania. January 24, 2012. *Second Year Work Plan.* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.

10. Çomo, Erol, Xhadi Gjana, and Sonela Xinxo. February 1, 2012. *Regional Assessment – Draft Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
11. McEuen, Mark, March 7, 2012. *Trip Report – Home Office Management Visit,* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
12. Myers, Louise, March 2012. *Trip Report – Pilot Hospitals: Baseline Operations Review,* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
13. Jeffers, Joanne, March 2012. *Trip Report – Engaging Non-State Actors Technical Support,* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
14. Jeffers, Joanne and Ornela Palushaj, March 22, 2012. *Increasing Non-State Actors' Engagement in Health System Governance, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates, Inc.
15. Myers, Louise, March 16, 2011. *The Albania Pilot Hospitals Baseline Survey, Technical Report.* Bethesda, MD. Enabling Equitable Health Reform Project in Albania, Abt Associates Inc.
16. Enabling Equitable Health Reforms Project in Albania. April 13, 2012*, Second Quarterly Report – FY12,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
17. Hashem, Ahmad. April 20, 2012. *Information Systems Development at Selected Albanian Hospitals: Technical Report.* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
18. Myers, Louise, May 10, 2012. *Trip Report – Initiation of Hospital Improvement Action Plans,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
19. Hashem, Ahmad. May 23, 2012. *Health Information Systems Development at Selected Albanian Sites: Trip Report.* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
20. Enabling Equitable Health Reforms Project in Albania. April 13, 2012*, Third Quarterly Report – FY12,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
21. Myers, Louise, July 2012. *Trip Report – Hospital Improvement Initiatives,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
22. Hoey, Arthur, July 30, 2012. *Trip Report – Initiation of Hospital Improvement Plans: Space Programming,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
23. Katsaga, Alexandr, August 3, 2012. *Trip Report – Cost Accounting study in Pilot Hospitals,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
24. Gagnon, David E., August 10, 2012. *Trip Report – Technical Support for Hospital Governance/Standards of Care,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
25. Hashem, Ahmad, and Ervis Bregu, September 4, 2012. *ADT System at Lezha Regional Hospital: Technical Report,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
26. Kongoli, Zyrhada, September 4, 2012. *Analysis of Legal and Regulatory Framework for Health Facility/ Hospital Autonomy in Albania – Technical Report,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.
27. McEuen, Mark, September 4, 2012. *Trip Report – Year 3 Work Planning,* Bethesda, MD. Enabling Equitable Health Reforms Project in Albania, Abt Associates Inc.

7. PERFORMANCE-BASED MONITORING PLAN

During the project's second year, significant progress has been made in achieving targets set for project indicators as part of the performance-based monitoring plan. Performance against targets is stronger for Strategy 1 and 2 indicators; achievement of targets against Strategy 3 indicators has been delayed as initiation of Strategy 3 activities has been delayed.

STRATEGY 1

1.1 Number of mechanisms, tools, and resources developed and tested: During Year 2, one mechanism and three tools have been developed and tested to improve hospital management. The target set for the year has been achieved and exceeded by 100%. The reason for exceeding the target is that the determination of the tools and mechanism to be developed and timing for their testing was guided by the conclusions and recommendations of an expert technical report produced in March 2012. The recommendations were for a larger number of tools and mechanisms to be developed starting in Y2.

1.2 Improved operations and resource management: The baseline for this indicator was set in February 2012 and no targets have been set for Year 2, but only for Years 3, 4, and 5. Even so, from February to the end of Year 2, there were many improvements in hospital management, reflected in small percentage increases in overall scores for all three pilot sites. The baseline elements for this indicator are detailed in Annex C.

1.3 Number of people engaged to implement interventions at hospital level: In Year 2, the number of people that were engaged was 81. This number is composed of the members of the working groups established in the pilot hospitals (Regional Level) and at the Central Level. The number is disaggregated as follows: 28 people from Korca Regional Hospital, 22 people from Lezha Regional Hospital, 20 people from Queen Geraldine Maternity Hospital, and 11 from the national Hospital Reform Working Group. In total, there are 29 males and 52 females. The target for this indicator has been achieved and exceeded. The reason for exceeding the target is that the number and types of people needed to be engaged was determined by the findings and recommendations of a technical report which was produced in March 2012 (after the target was set).

1.4 Number of people trained through on-the-job training: During the year, 128 people have participated at least once in trainings organized by the project. Disaggregated by region this includes: 34 from Korca Regional Hospital, 30 from Lezha Regional Hospital, 50 from Queen Geraldine Maternity Hospital, 2 from Durres Regional Hospital, and 12 from National Institutions (MOH, HII, NCCE, NCQSA). Disaggregated by gender, there are 37 males and 91 females. Disaggregated by profession, this includes: 38 doctors, 50 nurses, and 40 individuals from hospital administrations and national institutions. The target has been exceeded. The reason is that the number and types of people needed to be trained was determined by the findings and recommendations of expert technical reports produced in March 2012 (after the target was set).

1.5 Compliance of regional health institutions with existing legislation, regulations and contracts: Initially, this indicator was set as an end-of-project (EOP) indicator and included all the regional health institutions, but with the change in the project direction to focus on hospitals rather than regions, EEHR proposes to drop this indicator and has not included it in the PBMP plan for FY2013.

1.6. Steps outlined for hospital autonomy and accountability: This is a Y/N Indicator, and for this year, the target has not been achieved as the policy brief has not been finalized yet. A draft of a policy brief is currently being reviewed and will be finalized in Quarter 1 of FY2013.

	INDICATOR	Actual FY2011	Target FY2012	Actual FY2012	Progress	Comments
1.1	Number of mechanisms, tools, and resources developed and tested	0	2	4	Target achieved	• Hospital Assessment Tool • The Hospital Technical Working Group • Incident Reporting Form • Nurse Administration Register
1.2	Improved operations and resource management	NA	The target value for year two is not available. The following percentages are the baseline values set up for this indicator. 64% Maternity Hospital 59% KRH 65% LRH	65% Maternity Hospital 62% Korca Hospital 67% Lezha Hospital	1% Maternity Hospital 3% Korca Hospital 2% Lezha Hospital	Milestones moved from Yes to No in the second half of FY2012: • Incident Reporting Tracking System in three hospitals • Annual Employee Evaluation from in Lezha Regional Hospital • New Orientation Program in Lezha Regional Hospital • Department of Laundry outsourced in Korca regional Hospital • Linen tracking system in Korca Regional Hospital • Medical Administration record in Korca Regional Hospital
1.3	Number of people engaged to implement interventions at hospital level	0	15	81	Target achieved and exceeded	• Working groups in Lezha hospital • Working groups in Korca Hospital • Working groups from Maternity Hospital • National hospital reform working group
1.4	Number of people trained through on-the-job training	0	30	128	Target achieved and exceeded	Trainings in Human Resources, Incident Reporting Program, Visitor Control Program, Medical Administration, Central Warehouse, Environmental Services,

	INDICATOR	Actual FY2011	Target FY2012	Actual FY2012	Progress	Comments
						Space Utilization, Public Relations, Astraia Software and Cost Allocation
1.5	Compliance of regional health institutions with existing legislation, regulations and contracts	NA	NA	NA	NA	Indicator proposed to be dropped
1.6	Steps outlined for hospital autonomy and accountability	NA	Y	N	Target not achieved	Autonomy policy brief in process of revision. Not finalized yet.

STRATEGY 2

2.1 Health Reform Implementation Support Group. This is a Y/N indicator and the target for this indicator has been achieved for this year. The HRISG group has been established by Ministerial order in October 2011.

2.2. Number of HRISG meetings held. During the reporting year, the HRISG held two meetings. The target for this indicator has been achieved.

2.3 Number of HRISG decisions enacted. The target for this indicator has been achieved, as the HRISG decided in its first meeting to pilot the three hospitals for the project interventions, and also to create the Hospital Reform Working Group that will support the project in the implementation phase. The actions proposed in the second meeting of the HRISG have not been enacted yet, as the meeting took place at the end of the fiscal year. These decisions are expected to become official in the month of October 2012.

2.4 Roles and responsibilities of regional health institutions/actors clarified. During Year 2, EEHR worked with MOH to approve the new SOW for the M&E Sectors in two regions, Korca and Lezha. The SOW of the Regional M&E Core Group is being drafted.

2.5 Hospital governance structures defined in 3 implementation sites. We have proposed to merge this indicator with indicator 1.2, as they are measured using the same composite indicator. Pulling out the Governance indicator from the broader hospital index would not be correct as all six building blocks support autonomy and relate to each other. So progress for this indicator will not be measured separately and this indicator will be dropped from PBMP list of indicators.

2.6 Number of people trained in M&E. The Regional M&E groups that have been created in Korca and Lezha regions have received basic training by EEHR in M&E functions and responsibilities. In total, 14 people are participating in these two groups, disaggregated into 3 males and 11 females. The target for this indicator has been achieved.

2.7 Number of institutions with improved management information system. The target for this indicator has been achieved as during the reporting year, EEHR has improved the HIS systems in Lezha Regional Hospital, Queen Geraldine Maternity Hospital, IPH, and M&E sectors in Regional Public Health Directories.

2.8 Number of policy briefs developed on key reform issues: One policy brief has been prepared together with the MOH that reflects the recommendations that came out from the HRISG meeting. Based on this policy brief, the MOH will make the decisions needed for the support of health reform implementation. The target for this indicator has been achieved.

2.9 Annual Health System Performance Report generated and disseminated: With this indicator, EEHR measures if the MOH M&E Directorate has the capacity to produce and disseminate the report every year. The time of finalization and approval of the report is October of every year for the data measuring the health system performance of the prior year. Thus, in 2012 the report for

2011 will be prepared and approved. This indicator is fairly static and EEHR proposes to drop it in FY2013.

2.10 Number of special studies conducted: During the reporting period EEHR conducted the Regional Assessment, and a report was written that was the base for the selection of the two pilot regions were the new initiatives were implemented. The target for this indicator has been achieved.

2.11 Number of decisions, policies, plans and guidelines drafted or improved with EEHR assistance: During the year, EEHR worked with MOH to develop and approve the terms of reference of the HRISG, and also to revise the SOW of the MOH/M&E directorate to serve as the HRISG Secretariat. In the pilot sites, a new policy on Incident Reporting has been developed and approved and implemented. The target for this indicator has been achieved.

	INDICATOR	Actual FY2011	Target FY2012	Actual FY2012	Progress	Comments
2.1	Health Reform Implementation Support Group	Y	Y	Y	Target achieved	HRISG established by the order of Minister of Health in October 2011
2.2	Number of HRISG meetings held	0	2	2	Target achieved	First meeting held in February 2012 Second meeting held in September 2012
2.3	Number of HRISG decisions enacted	0	2	2	Target achieved	Decision to work in two Regional Hospitals Creation of the Hospital Technical Working Group
2.4	Roles and responsibilities of regional health institutions/actors clarified	0	2	1	Target not achieved	SOW approved for M&E sectors in Korca and Lezha Public Health Directorates
2.5	Hospital governance structures defined in 3 implementation sites	NA	NA	NA	NA	Indicator proposed to be dropped from list
2.6	Number of people trained in M&E	0	12	14	Target achieved	Participants from the two regional M&E working groups
2.7	Number of institutions with improved management information system	0	3	4	Target achieved	• Lezha Regional Hospital • Tirana maternity Hospital "Queen Geraldine" • Data Warehouse at IPH • M&E Sectors at the Lezha and Korca PHD
2.8	Number of policy briefs developed on key reform issues	0	1	1	Target achieved	Policy Brief for the MOH that include the recommendations that came out from the HRISG Meeting
2.9	Annual Health System	Y	Y	Y	Target	The report has been

	INDICATOR	Actual FY2011	Target FY2012	Actual FY2012	Progress	Comments
	Performance Report generated and disseminated				achieved	drafted but not approved yet
2.10	Number of special studies conducted	0	1	1	Target achieved	Regional assessment report
2.11	Number of decisions, policies, plans and guidelines drafted or improved with EEHR assistance	0	3	3	Target achieved	• Decision on TORs for the HRISG • Decision on the revision of the SOW for the MOH/M&E • Incident Reporting Policy

STRATEGY 3

The indicators under Strategy 3 depend on refinement and implementation of the plan for non-state actors' involvement that was being finalized in Quarter 4 of Year 2. For the reporting year, the targets for these indicators have not been achieved due to delays in fully initiating activities. The list of indicators and their respective targets under this strategy has been revised and proposed in the Year 3 Work Plan.

	INDICATOR	Actual FY2011	Target FY2012	Actual FY2012	Progress	Comments
3.1	Number of non-state actors trained in advocacy and monitoring reforms	0	15	0	Target not achieved	
3.2	Number of media specialists/journalists trained with EEHR support	NA	NA	NA	NA	Activity planned for year 3
3.3	Number of non-state actors involved in design and implementation of reform interventions	0	15	1	Target not achieved	Consumers protection Office as a member of HRISG
3.4	Number of non-state groups assisted with EEHR support	NA	2	0	Target not achieved	
3.5	Number of consumer groups and CSOs that engage in advocacy and watchdog functions	NA	2	0	Target not achieved	
3.6	Effective mechanisms in place for non-state actors to raise issues and have them be addressed	NA	NA	NA	Target not achieved	Y/N Indicator
3.7	Number of advocacy and engagement activities conducted to achieve consensus on health reform implementation	0	3	0	Target not achieved	

ANNEX A: STATUS OF EEHR YEAR 2 WORK PLAN ACTIVITIES

The table below reports on EEHR progress in completing planned Year 2 activities per the Gantt chart included in the project's approved Year 2 Work Plan. In the Status column, activities are marked as completed (in green highlight), in process (yellow highlight), or postponed or delayed (red highlight) with a detailed explanation.

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
PROJECT REPORTING AND COMMUNICATION														
1. Submit quarterly performance reports (due 10 days after the end of the quarter)														
1.1. Q1 Report	Completed					X								
1.2. Q2 Report	Completed								X					
1.3. Q3 Report	Completed											X		
1.4. Q4 Report/Year 2 Annual Report (due 15 days after the end of Year 2)	In process													X
2. Prepare and distribute project communication materials														
2.1. Discuss/agree on the content of project website	Completed		X											
2.2. Work with home office to design project website	Completed			X										
2.3. Upload content of the website	In process				X	X								
2.4. Update the website on a quarterly basis and link to MOH and other locally relevant websites	In process								X			X		
2.5. Develop project distribution list for project news and success stories	In process					X	X							
STRATEGY 1: IMPROVE CAPACITIES TO IMPLEMENT A SET OF HEALTH REFORM INTERVENTIONS IN SELECTED SITES														
1. Reach consensus on implementation strategy and sites														
1.1. Agree on criteria for regional selection														
a. Meet with counterparts to present and discuss criteria for regional selection	Completed	Assessment tools	X											
b. Share material and questionnaires and incorporate their comments and feedback	Completed		X											
c. Meet to finalize regional assessment tools and process	Completed		X											

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
1.2. Conduct regional assessment visits														
a. Prepare plans and agree on timing for assessment in each region	Completed	Trip reports		X										
b. Conduct field trips for assessment in six regions (Lezhe, Kukes, Elbasan, Korce, Gjirokaster, and Vlora)	Completed			X										
c. Discuss and agree on the structure of the regional assessment reports	Completed			X										
1.3. Review findings of regional assessments and rank regions														
a. Agree on structure of the final assessment report	Completed	Outline of final assessment report and ranking table			X									
b. Agree on how to rank regions against criteria identified	Completed				X									
c. Rank regions against criteria	Completed				X									
1.4. Develop short summary of findings of regional assessments														
a. Develop report including recommendations for selection of 2 regions	Completed	Final assessment report and presentation with 2 regions recommended			X	X								
b. Develop summary PowerPoint presentation	Completed				X	X								
1.5. Gain USAID approval for regions selected														
a. Share findings and recommendations with USAID	Completed	USAID approval via memo				X								
b. Incorporate comments and suggestions	Completed						X							
c. Reach agreement on selected regions	Completed						X							
1.6. Conduct Consensus Meeting to agree on implementation strategy, interventions, and regions/sites for implementation														
a. Agree on date with MOH and HRISG	Completed	Minutes of HRISG meeting MOH decision					X							
b. Develop agenda and participant list	Completed						X							
c. Help M&E Directorate plan and facilitate meeting	Completed						X							
d. Develop meeting minutes/protocol, leading to MOH decision	Completed						X							
1.7. Agree on scope and role of EEHR to partner with MOH (Memorandum of Understanding)														
a. Draft detailed MOU between MOH and EEHR project in light of agreements reached at Consensus Meeting and after development of detailed hospital reform intervention plans	Completed									X				
b. Review and agree on content of draft MOU with MOH and USAID	Completed	Content agreed								X	X			
c. Submit agreed MOU to USAID and MOH legal departments for review and agreement	Completed	Content approved									X			
d. Plan and execute event to sign MOU with MOH	In process – to be signed upon USAID approval of material assistance	MOU signed										X		

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
2. Define baseline situation for pilot hospitals and agree on interventions														
2.1. Review hospital regulations and develop plan to address gaps														
a. Review hospital related laws, regulations, and standards	Completed – hospital law and standards were reviewed by Myers and stated in a technical report, certain gaps were also identified regarding, for instance the existence of various medical committees in hospitals as required by law. Regulatory framework for hospital autonomy also reviewed.	Brief assessment report						X						
b. Define areas for harmonization and alignment and describe oversight and regulation gaps	In process – partially completed through review of regulatory framework for hospital autonomy, which included analysis of gaps.	Gaps identified and solutions developed to address gaps						X						
c. Prepare policy brief on hospital regulation issues and gaps for discussion and follow-up action by HRISG	Policy Brief prepared to summarize policy actions (and their rationale) agreed during the second HRISG meeting. These actions will address issues and gaps regarding medication administration recording and incident reporting, and put a plan in place to address issues and gaps re: autonomy	Policy brief							X					

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
	through formation of a working group.													
2.2. Define baseline situation at 3 pilot hospitals														
a. Develop rapid hospital assessment tool/checklist	Completed	Assessment tool/checklist					X	X						
b. Conduct site visits to 3 pilot hospitals to analyze and define baseline situation using assessment tool	Completed	Site visits conducted					X	X						
c. Draft baseline report summarizing indicators for each pilot hospital	Completed	Baseline report					X	X						
d. Use baseline assessment to further shape and refine planned hospital interventions/activities	Completed	Work plan activities refined taking into account findings						X	X					
2.3. Agree on interventions with hospital managers, based on baseline findings														
a. Develop collaboration agreement with pilot hospitals for implementation	No collaboration agreement signed as project was advised that MOU should be signed first with MOH and that hospitals are owned by the MOH. However, joint action plans prepared by hospital working groups effectively played the role of such agreements and roadmaps.							X	X					
b. Draft hospital reform roadmaps to agree on specific implementation steps for project-supported interventions in pilot hospitals								X	X					
3. Improve organization and management of hospital services														
3.1. Clarify services provided in pilot hospitals														
a. Explicitly define package of services to be provided in pilot hospitals, based on existing legislation and regulations and actual situation in facilities	Delayed/in process – package of hospital services not defined based on the current law as the new law on Compulsory Health Insurance requires that a new package of hospital services is defined by 2013 that								X	X				
b. Explicitly define package of services and target populations covered by government programs/health insurance in pilot hospitals									X	X				

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
	corresponds to certain requirements set by that law. EEHR planned an international consultant to support this activity; when USAID did not approve this implementation approach, EEHR revised its plans and agreed with the MOH and HRISG to support a local working group to develop the package in Year 3.													
c. Explicitly define package of services to be provided for a fee in pilot hospitals	In process – the EU Anticorruption project will manage this activity. The project is reviewing the issue of how well defined is the package of services provided for a fee. Following lengthy discussion and approval of a SOW by the MOH, the EU project was given a green light to proceed. They have hired consultants working on determining how explicitly defined are the hospital services to be delivered for a fee in the laws and regulations. EEHR will								X	X				

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
	collaborate with the EU project on this effort.													
3.2. Conduct step-down cost accounting exercise to understand cost of services														
a. Develop methodology to conduct step-down cost accounting in 3 pilot hospitals	Completed	Methodology							X					
b. Define hospital cost centers	Completed								X					
c. Collect hospital expenditure data for 2011	Completed	Data collected								X				
d. Allocate expenditure data to cost centers to determine absolute and relative costs of services	Completed	Cost tables									X			
e. Develop summary tables of costs of services	Completed										X	X		
f. Conduct meetings with hospital managers to share summary tables and discuss implications of cost information	Completed	Meetings held										X	X	
g. Coordinate cost accounting exercise with HII's planned development of hospital provider payment system	Completed	Routine meetings held							X		X		X	
4. Strengthen human resources (HR) management to improve performance and increase staff accountability														
4.1. Strengthen hospital HR policies and procedures														
a. Develop and execute a plan to strengthen and/or create HR policies and procedures manual	Completed	HR policies and procedures manual							X	X				
b. Revise and/or create hospital organizational chart indicating clear supervisory and reporting relationships	Completed	Org chart								X				
c. Revise and/or create staff job descriptions and core competencies	Completed	Job descriptions								X	X			
d. Develop staff supervision and performance review tools and mechanisms	Completed	Supervision and performance review mechanisms developed and in place									X	X		
e. Conduct on-the-job training for managers and supervisors on supervision and performance review	Completed	Training materials											X	X
f. Weigh options for introducing incentive systems to reward performance	Partially completed – discussed during Myers' trainings and follow up meetings of working groups.	Options paper developed												
g. Assess staffing levels and skill needs and develop plan to adjust as necessary, including defining staff training needs that may be addressed by NCCE	Delayed/not accomplished - envisioned to be done as part of development	Plan to adjust staffing developed											X	X

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
	of a hospital services package which has also been delayed													
4.2. Improve compliance against standards of care														
a. Develop terms of reference for this activity	Completed	Terms of reference						X						
b. Agree on process for this activity with professional association (explore possibility of awarding a grant for this activity)	Not accomplished – professional associations were not involved as this work focused on the staff compliance at Queen Geraldine								X					
c. Review implementation of standards of care and define gaps and shortfalls	In process – will be completed in Queen Geraldine in Year 3 using tools developed below	Gaps against standards defined and plan developed to address gaps								X	X			
d. Develop tools and processes to monitor staff performance against standards of care	Completed - tools and processes developed during Gagnon's visits	Tools and processes developed										X	X	
e. Incorporate compliance monitoring into annual staff performance reviews	Completed (also reviewed by Gagnon)	HR policy and procedure updated											X	X
5. Initiate improvements in health information systems (HIS) to generate information for management decision-making														
5.1. Initiate improvements in HIS in 3 pilot hospitals														
a. Building on hospital baseline assessment, conduct any necessary further in-depth review or assessment of data reporting requirements and/or existing paper and automated data collection, entry, and processing	Largely accomplished except that HIS will be acquired as opposed to developed; an RFP for the software and necessary HIS/IT infrastructure has been developed, along with a detailed estimate of costs	Brief assessment report, with recommendations for improvement							X					
b. Draft plan to develop and/or automate modular HIS		HIS plan							X	X				
c. Determine the information needed to be collected for each of the modules of the HIS (clinical, management, cost, inventory, etc.)										X	X			
d. Agree on a programming platform (e.g., Access or SQL) and develop and cost plan for software development										X	X			
e. Identify needs for hardware, define specifications, estimate costs, and discuss procurement plan and funding										X	X			
f. Identify and contract local programmers		Programmers contracted									X			

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
g. Begin to program first HIS module		HIS module developed										X	X	X
6. Strengthen hospital management and governance as a pathway to achieving full hospital autonomy														
6.1. Strengthen internal hospital management														
a. Based on baseline assessment, develop action plan to address gaps identified in internal hospital management and governance	Completed – through hospital baseline assessment	Action plan developed						X	X					
b. Execute plan	In process – improvements to hospital management embedded in all intervention areas	Activities initiated								X	X	X	X	X
c. Develop hospital patient feedback mechanisms to improve accountability and responsiveness (linked to Strategy 3)	In process – patient feedback mechanisms assessed in 3 pilots; plans to improve them will be implemented in Year 3 as part of hospital outreach/PR plans under Strategy 3	Mechanisms defined and implemented											X	X
6.2. Prepare pilot hospitals for full autonomy														
a. Review governance structure of 3 pilot hospitals as component of initial hospital baseline activity (Strategy 1) and identify specific obstacles to greater autonomy	Completed	Technical Report					X	X						
a. Conduct legal and document review to understand steps to formalize autonomy for health facilities that are now contracted by health insurance fund	Completed	Steps clarified							X	X				
b. Assess Queen Geraldine Maternity Hospital's compliance with conditions for autonomy (administrative and operational, human resources, financial, and planning)	Completed – by international expert Gagnon, together with the hospital lawyer	Brief assessment report									X	X		
c. Assist in improving compliance if gaps are identified	In process – to be accomplished in Year 3	Plan to address gaps										X	X	X
d. Develop documents/regulations to support autonomy, including: • Governance structures and boards • Statements of work, task description of board members,	In process – BOD by-laws developed addressing many of these	Documents prepared										X	X	X

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
internal regulations • Terms of reference in regards to financial administration and internal and external audit	documents/regulation needs													
e. Assist Queen Geraldine Maternity Hospital in negotiating contract with HII for 2013	Not accomplished – Queen Geraldine did not require such assistance	Contract drafted												X
f. Assist in developing legal and regulatory documentation required to achieve autonomy for Queen Geraldine Maternity Hospital as a pilot	In process – partly accomplished through the development of the BOD by-laws which will be a part of any new regulation; to be further developed by national working group on autonomy in Year 3	Documents prepared												X
g. Assess compliance with conditions for autonomy in the 2 regional hospitals	Delayed/not accomplished; however this process was informed by review/assessment of regulatory framework regarding hospital autonomy	Brief assessment report												X
h. Develop plan to assist in improving compliance if gaps identified	Delayed/not accomplished (see above)	Plan to address gaps												X
STRATEGY 2: IMPROVE HEALTH REFORM POLICY AND PLANNING														
1. Ensure reform coordination mechanism and its secretariat are fully functional														
1.1. Develop national health reform coordination mechanism														
a. Meet regularly with MOH-HII expert group to help establish the Health Reform Implementation Support Group (HRISG)	Completed	MOH order issued	X											
b. Review participants and terms of reference for HRISG	Completed		X											
c. Support MOH to develop Ministerial order formally establishing HRISG	Completed		X											
1.2. Empower MOH M&E Directorate to serve as Secretariat of HRISG														
a. Meet with Policy and Planning Department of MOH to prepare	Completed	Revised scope of work for					X							

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
an action plan to support the M&E Department in fulfilling the new role		M&E Directorate approved by Policy and Planning Directorate												
b. Assist the MOH to review the M&E Directorate scope of work to reflect the new coordinating/secretarial role to the HRISG	Completed						X							
c. Meet with M&E Department to discuss and review the scope of work	Completed						X							
d. Conduct round table with Policy and Planning Department and M&E Department to share the new SOW	Completed						X							
e. Coach and mentor the M&E Directorate to undertake their role as secretariat to HRISG	Completed	Routine meetings and consultations held					X	X	X	X	X	X	X	X
1.3. Engage HRISG to discuss and develop plans to resolve systems-level barriers to hospital-level performance improvement on a quarterly basis														
a. Prepare summary analysis of M&E data and policy briefs on key hospital reform issues for discussion	Completed	Summary analysis and policy briefs					X			X			X	
b. Support M&E staff to facilitate quarterly meetings of HRISG, including developing agendas	Completed	Agendas						X			X			X
c. Develop and disseminate meeting minutes/protocols	Completed	Minutes/protocols						X			X			X
2. Support measures to increase hospital autonomy while defining and maintaining appropriate oversight														
2.1. Define needs for additional regulatory or policy reform to support autonomous hospital governance structure														
a. Based on baseline assessment, support efforts to address identified oversight and regulation gaps related to hospital autonomy	In process – supported through proposal to HRISG to create a MOH/HII WG on hospital autonomy – proposal accepted	Gaps addressed								X	X	X		
b. Assist in developing legal and regulatory documentation required to achieve autonomy for pilot hospitals, starting with Queen Geraldine Maternity Hospital in Tirana	In process – partially accomplished through the development of BOD bylaws; to be further developed by national working group on autonomy in Year 3.	Documents prepared										X	X	X
2.2. Establish roles/responsibilities of stakeholders in hospital governance and oversight														
a. Work with government stakeholders at national and regional levels to define oversight roles relating to pilot hospitals	Completed	Meetings and consultations held; oversight roles defined								X	X			
b. Support regulatory reform or institutional changes to codify new or revised oversight roles		Roles codified										X	X	X

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
3. Continue to build capacity to monitor hospital and health system performance indicators to inform policymaking														
3.1. Develop regional tailored set of health sector performance/hospital performance indicators														
a. Assess the current status of the monitoring systems that are in place	Completed	Set of regional/hospital indicators developed						X						
b. Assess the coordination and communication around data flows in each institution	Completed							X						
c. Provide guidance to harmonize the different systems that are already in place	Completed							X						
d. Facilitate a workshop for the regional offices to identify and approve a regional tailored set of health sector performance indicators / hospital performance indicators that link with the composite hospital performance indicator in the pilot hospitals	Completed							X						
e. Harmonize the collection and analysis of regional health performance indicators with national health sector monitoring system	Completed							X						
f. Develop and agree with national and regional offices on the format of sample hospital performance reports	Completed - Regional report to follow the format of National Milestone and System Performance Reports	First hospital performance report developed							X					
g. Support M&E staff to monitor hospital performance indicators from 3 pilot hospitals on a quarterly basis	In process/ongoing													X
3.2. Define scope of work of M&E sector / hospital (performance) data collection at RPHD / Regional Hospitals														
a. Meet with MOH Policy and Planning and M&E Departments to discuss and review current scope of work for M&E sectors at regional level	Completed – MOH approved new SOWs for M&E Departments at Korca and Lezha	Scope of work for the regional M&E sector and for expert level reviewed and approved						X						
b. Meet with regional counterparts to discuss their current scope of the work								X						
c. Meet with regional counterparts to agree on new scope of work for regional M&E sector and experts								X						
d. Meet with MOH Policy and Planning Department to approve the new scope of the work for regional sector and staff								X	X					
3.3. Build capacity of regional M&E units in 'core competency' areas														
a. Develop a checklist of the core competencies needed	Partially accomplished as assessment conducted, but capacity building	Core competencies reviewed							X					
b. Assess the core competencies									X					
c. Develop a Capacity Development Plan for the regional offices and hospitals to improve data collection, analysis, and		Capacity development plan								X	X			

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
reporting	training was postponed as USAID did not approve proposed international expert for this SOW; rescheduled for Q1 of Year 3													
d. Establish routine data collection and analysis for policymaking		M&E sector providing routine data and analysis								X	X			
e. Implement Capacity Development Plan through training and intensive work sessions to provide direct technical assistance to regional M&E staff		Routine meetings and consultations								X	X	X	X	X
3.4. Develop and deliver ad hoc training on M&E in accordance with identified needs														
a. Organize meeting with M&E Department and M&E working group members to discuss the topics of training, timing, and list of participants	Delayed/not accomplished per above	Ad hoc training modules developed and delivered							X					
b. Agree with MOH Policy and Planning Department the topics of training, timing, and list of participants	Delayed/not accomplished per above								X					
c. Identify trainers	Delayed/not accomplished per above								X	X				
d. Conduct training for national level institutions and regional level M&E staff	Delayed/not accomplished per above									X	X			
STRATEGY 3: ENHANCE NON-STATE ACTORS' PARTICIPATION AND OVERSIGHT OF HEALTH SYSTEMS PERFORMANCE														
1. Build capacity of non-state groups in advocacy and monitoring hospital performance														
1.1. Identify relevant non-state groups to be engaged in implementation sites														
a. Identify existing non-state groups (provider groups, consumer groups, health NGOs and CSOs) that are located in the focal regions and assess their capacity	Completed	Non-state groups identified for support						X	X					
1.2. Develop and implement capacity building program for non-state groups														
a. Develop training program on advocacy and monitoring skills, with international technical assistance	Through discussions with USAID, this activity will be reconfigured to be more applied as part of the action plans above	Training program developed and implemented							X	X				
b. Organize series of trainings by topic, constituent group, and implementation site as appropriate										X				
c. Conduct trainings, with international technical assistance		# of non-state groups trained									X	X		
d. As part of trainings, encourage non-state actors to develop further action plans to engage in hospital reforms as appropriate		Action plans developed									X	X		
2. Engage non-state groups to provide inputs and participate in dialogue regarding hospital reform agenda														
2.1. Engage health professionals and provider groups in hospital reforms														
a. Conduct round table discussions regarding the role health	Delayed/not	Round table conducted with							X					

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
professional and provider groups may play in supporting design and implementation of specific hospital reforms and develop concrete recommendations how to implement agreed roles	accomplished	recommendations developed												
b. Support health professionals and provider groups to follow-up on recommendations resulting from round table discussions	Delayed/not accomplished	Small grants awarded to support activities								X	X	X		
c. Work with hospital managers and health professionals in pilot hospitals to establish facility-level mechanisms for health professionals to provide input and feedback to hospital management on issues of interest on an ongoing basis	Completed - mechanisms for feedback created through internal communication improvement and engagement of all staff in review and feedback on hospital intervention initiatives	Mechanisms defined and established										X	X	X
2.2. Engage health NGOs, community groups, and broader community in hospital reforms														
a. Develop action plan in each implementation site to engage health NGOs and the broader community to solicit input on hospital improvements, through community meetings, facility open houses, interviews/surveys, etc.	Completed – draft plan proposed and approved by USAID	Action plan developed							X	X				
b. Implement plan	Delayed/not accomplished	Action plan implemented								X	X			
c. Review current citizen's feedback and complaint (and response) mechanisms in pilot hospitals to establish what is working and what needs to be improved	Completed – citizen feedback and complaint mechanisms reviewed	Brief assessment report with recommendations									X	X		
d. Develop action plan to improve mechanisms, including supporting pilot hospitals to better respond to inputs and complaints and appointing community ombudsman	In process - draft action plan developed by O'Sullivan but ombudsman not yet appointed	Action plan developed; community ombudsman role developed and ombudsman appointed											X	X
e. Facilitate discussion among hospital managers, regulators, and the community to encourage community representation	In process – partially completed through	Decision made regarding community member										X	X	X

Activity	STATUS	Outputs/Verification	O	N	D	J	F	M	A	M	J	J	A	S
on the governing boards of pilot hospitals, as part of hospital autonomy	discussions regarding the composition of the Queen Geraldine BOD	representation on board												
3. Implement small grants program to support engagement of non-state actors														
3.1. Receive approval of project small grants manual from USAID	Completed	Approval received						X						
3.2. Conduct orientation meetings on small grants program for interested and eligible non-state groups in implementation sites	Delayed/not accomplished	Meetings conducted in each implementation site								X	X			
3.3. Issue Annual Program Statement or Request for Applications for grants in implementation sites	In process – 1 RFA issued	APS or RFA issued								X	X			
3.4. Select grantees	Delayed/not accomplished	Grants selected									X			
3.5. Award grants	Delayed/not accomplished	Grants awarded										X		
3.6. Monitor grant implementation	Delayed/not accomplished	Grants active and monitored by project										X	X	X

ANNEX B: TECHNICAL MEETINGS AND FIELD VISITS

Activity	Dates	Persons Met
Meeting to: • Discussion on the establishment and functioning of the HRISG and its TOR, Membership, and regulatory framework, etc. • The group, supporting the health reform system", will function as a permanent group at the Ministry of Health to provide comprehensive and transparent coordination in planning and reforming policy, ongoing monitoring in the implementation of strategies, policies and activities of health system, in close collaboration with other national health institutions and international partners.	October 20, 2011	Pellumb Pipero, MOH Petro Mersini, MOH Gazmend Bejtja, MOH Erol Como, MOH Petraq Shtrepi, MOH Naun Sinani, ISKSH Zamira Sinoimeri, EEHR Altin Malaj, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR Ornela Palushaj EEHR
Meeting to: • Presentation of the Order of the Minister relating to the establishment of the HRISG. (Date October 25, 2011 nr prot. 3780). • Discussion on the needed action to implement the Order of the Minister and well-functioning of the group. • Discussion regarding to the MoU between MOH and EEHR-project • Inform the group regarding to the Regional Assessment process.	November1, 2011	Agim Kociraj, USAID Petro Mersini, MOH Gazmend Bejtja, MOH Erol Como, MOH Petraq Shtrepi, MOH Naun Sinani, ISKSH Zamira Sinoimeri, EEHR Altin Malaj, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR Ornela Palushaj EEHR
Meeting to: • Discussion on the purpose and objectives of the Consensus meeting • List of participants	November 15, 2011	Petro Mersini, MOH Gazmend Bejtja, MOH Erol Como, MOH Petraq Shtrepi, MOH Naun Sinani, ISKSH Zamira Sinoimeri, EEHR

• Agenda of the Consensus Meeting		Altin Malaj, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR Ornela Palushaj EEHR
Field Visit / Mirdita District Meetings with key counterparts and actors in the health sector; media and NGO-s representatives • Director of Public Health Department, Rreshen • Director of Health Insurance Directorate, Rreshen • Director of the Hospital, Rreshen • Director of Health Center, Rubik	October 21, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Mirela Cami, EEHR Mr. Aleksander Marku, Director of Public Health Department, Rreshen Mr. Bardhok Marku, Director of Health Insurance Directorate, Rreshen Mr. Xhovalin Bushi, Director of the Hospital, RReshen Mr. Martin Ndoj, Director of Health Center, Rubik
Field Visit / Kukes Region Meetings with key counterparts and actors in the health sector ; media and NGO-s representatives: • Head of Kukes Municipality • Director of Regional Public Health Department, Kukes • Director of Health Insurance Directorate, Kukes • Director of the Regional Hospital, Kukes • Director of the Hospital, Has • Director of Health Center, Bardhoc Kukes • Director of Health Center, Krume, Has • Director of Public Health Department, Tropoje • Director of Radio Kukesi • Director of TV- Kukesi	October 25, 26, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Altin Malaj, Mirela Cami, EEHR Mr. Hasan Halili, Head of Minicipality Mr. Nikolin Martini, Director of Regional Public Health Department, Kukes Mr. Qemal Elezi , Dir. of Health Insurance Directorate, Kukes Mr. Emin Ferhati, Director of the Regional Hospital, Kukes Mr. Naim Nezaj, , Dir. of Public Health Department, Tropoje Mr. Petrit Palushi, Dir., Radio-Kukes Mr. Baudin Murati, Dir., TV- Kukes Mr. Fatmir Xhepexhiu, Director of Health Center, Krume, Has Mr. Besnik Lleshi, Director of Health Center, Bardhoc, Kukes
Field Visit / Elbasan Region Meetings with key counterparts and actors in the health sector; media and NGO-s representatives: • Director of Regional Public Health Department, Elbasan • Director of Health Insurance Directorate, Elbasan • Director of the Regional Hospital, Elbasan • Director of Health Center Nr.1 and Nr.4, Elbasan • Director of Public Health	November 2, 3, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Ornela Palushaj, Mirela Cami, EEHR Mr.Bujar Kllogjri, Director of Regional Public Health Department, Elbasan Mr. Mustafa Pashja , Director of Health Insurance Directorate, Elbasan Mr. Pjerin Xhuvani, Director of the Regional Hospital, Elbasan Mr. Ermal Kumaraku, Director of Health Center Nr.1 Elbasan Mrs. Aida Gjata, Director of Health Center Nr.4 Elbasan

Department, Gramsh • Director of Public Health Department, Peqin • Director of the Hospital, Gramsh • Director of the Hospital, Peqin • Director of Health Center, Gramsh • Director of Health Center, Peqin		Mr. Gentian Tafaj, , Director of Public Health Department, Gramsh, Mrs. Luiza Malkja, Director of Public Health Department, Peqin Mr. Fadil Merzhezha, Director of the Hospital, Gramsh Mr. Naim Gjevori, Director of the Hospital, Peqin Mrs. Liljana Rama, Director of Health Center, Gramsh Mr. Gazmend Sejdini, Director of Health Center, Peqin
Field Visit /Korca Region Meetings with key counterparts and actors in the health sector ; media and NGO-s representatives: • Director of Regional Public Health Department, Korca • Director of Public Health Department, Devoll • Director of Health Insurance Directorate, Korca • Head of Servises, Regional Hospital, Korca • Director of the Hospital, Devoll • Director of Health Center Nr.3 Korca • Director of Health Center, Devoll • Director of Public Health Department, Pogradec • Director of the Hospital, Pogradec • Director of Health Center, Hudinisht –Pogradec • Director of HI agency-Pogradec	November 9, 10, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Ornela Palushaj, Altin Malaj, EEHR Mr.Ylli Qirinxhi, Director of Regional Public Health Department, Korca Mr. Landi Gusho , Director of Health Insurance Directorate, Korca Mr. Bujar Isak, Regional Hospital, Elbasan Mr. Perikli Polena, Director of Health Center Nr.3 Korca Mr. Alketa Jaicari , Director of Public Health Department, Pogradec Mr. Artan Pilinxhi, Director of the Hospital, Pogradec Mr. Albert Hoxha, Director of the Hospital, Devoll Mrs. Violeta Collaku, Director of Health Center, Hudinisht, Pogradec Mr. Edmond Toska, Director of Health Center, Devoll
Field Visit / Vlora Region Meetings with key counterparts and actors in the health sector ;media and NGO-s representatives: • Director of Regional Public Health Department, Vlore • Director of Health Insurance Directorate, Vlore • Director of the Regional Hospital, Vlore • Director of Health Center , Narte • Representative of TV-Vlore • Director of Public Health	November 16, 17, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Mirela Cami, Altin Malaj, EEHR Mrs.Brunilda Ndreu, Director of Regional Public Health Department, Vlore Mrs. Alketa Agolli , Director of Health Insurance Directorate, Vlore Mr. Besnik Elezi, Director of the Regional Hospital, Vlore Mr. Erion Ymeraj, Director of Health Center , Narte Mr. Ermal Sika, Media Representative Mr. Agim Hasani , Director of Public Health Department, Sarande

Department, Sarande • Director of HII- agency, Sarande • Director of Public Health Department, Delvine • Director of the Hospital, Sarande • Director of the Hospital, Delvine • Director of Health Center, Sarande • Director of Health Center, Delvine		Mrs. Lorena Imeri, Director of Public Health Department, Delvine Mr. Arben Vogli, Director of the Hospital, Sarande Mr. Lorenc Xervoi, Director of the Hospital, Delvine Mrs. Elida Nikolla, Director of Health Center, Sarande Mr. Besnik Memushi, Director of Health Center, Lukove Mr. Resul Pirro, HII- agency, Sarande
Field Visit / Gjirokaster Region Meetings with key counterparts and actors in the health sector ; media and NGO-s representatives: • Director of Regional Public Health Department, Gjirokaster • Director of Health Insurance Directorate, Gjirokaster • Director of the Regional Hospital, Gjirokaster • Director of Public Health Department, Permet • Director of Public Health Department, Tepelene • Director of the Hospital, Permet • Director of the Hospital, Tepelene • Director of Health Center, Dervican	November 24, 2011	Members of Regional Assessment Team: • Erol Como, MOH • Sonela Xinxo, IPH • Xhadi Gjana, HII • Mirela Cami, Altin Malaj, EEHR Mr.Arenc Brahimaj, Director of Regional Public Health Department, Gjirokaster Mrs. Teuta Kalemi , Director of Health Insurance Directorate, Gjirokaster Mr. Arben Kuro, Regional Hospital, Gjirokaster Mrs. Irena Shahini , Director of Public Health Department, Permet Mr. Ditar Hodaj, Director of Public Health Department, Tepelene Mr. Maksim Proko, Director of the Hospital, Permet Mr. Astrit Zeneli, Director of the Hospital, Tepelene Mrs. Valbona Lipe, Director of Health Center, Permet Mr. Leonard Kalemi, Director of Health Center, Dervican
HII Conference on the impact of health care expenditures in the system of market and social economy focused in hospital reforms.	November 10, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR
Strategic Planning for CME activities	October 24-25, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR
Meeting with the Director of NCQSA	October 12, 2011	John Rockett, EEHR Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR
Meeting with the Director of Maternity Hospital "Queen Geraldine"	October 12, 2011	John Rockett, EEHR Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR
Meeting with World Bank representative (donor coordination activity)	November 9, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR

Meeting with PDS Project representative (donor coordination activity)	November10, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR
Meeting with WHO representative (donor coordination activity)	November10, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR
Meeting with UNICEF representative (donor coordination activity)	November 4, 2011	Zamira Sinoimeri, EEHR Dorina Tocaj, EEHR Mirela Cami, EEHR
Individual and group meetings to assess NGO and other non-state actors' capacity to engage in the governance of the health sector at the regional level.	February and March, 2012	Dr. Gazmend Bejta, Director of Public Health, MOH Altin Goxhaj, Executive Director, Consumer Protection Office Ilia Dishnica, Country Coordinator, Dorcas AID organization in Korca Edison Reshta, Manager, Tabita Foundation, Korca Merita Kroi, Technical Deputy Director, Korca Public Health Directorate Alvi Nauni, Chief of Monitoring and Evaluation Sector, Korca Public Health Directorate Niko Peleshi, Mayor of Korca, The Municipality of Korca Andrea Mano, Prefect, Prefecture of Korca Roland Gusho, Director, HII Regional Directorate in Korca Riza Ashimi, Director, Korca Regional Hospital Irena Laska, Executive Director, Mary Potter Clinic in Korca Altin Goxhaj, Executive Director, Consumer Protection Office Sander Marku, Director, Public Health Directorate in Lezha Albina Deda, Director, HII Regional Directorate in Lezha Erjona Doda, Red Cross Office in Lezha Aferdita Gjoni, World Vision Office in Lezha Albert Leka, Director, The Palliative Care Education Center in Lezha Nevruz Bare, Director, Regional Hospital of Lezha Viktor Tushaj, Mayor, Lezha Municipality
Individual and group meetings to review hospital baseline situation according to the six WHO health system building blocks	February and March, 2012	Dr. Petro Mersini – Ministry of Health, Director of Hospital Planning Ms. Elvana Hana – Health Insurance Institute, General Director Dr. Isuf Kalo – National Center of Quality, Safety and Accreditation of Health Institutions, Director At Queen Geraldine Maternity Hospital: Dr. Halim Kosova, Hospital Director Dr Maks Gjoni, Deputy Director, Quality Assurance and Accreditation Mr Altin Pasku, Deputy Director, Finance and Administration Dr Robert Qirko, OBGYN, (proposed project focal point) Dr Zhani Treska, Deputy Medical Director Ms Nadire Hodo, General Head Nurse

		At Mother Theresa University Hospital Center: Mr Saimir Ivziku, General Director Dr Mehmet Hoxha, Deputy Medical Director Ms. Lorena Kostallari - World Bank, Senior Operations Officer Korca Regional Hospital Opening Meeting: Riza Hashimi - General Director Bujar Isak Deputy - Director Mihallaq Kondi - Head Nurse Vasilika Cuti - HR Sector Stefi Cani - HR Sector Bledar Hoxhallari - Lawyer Anila Dioshnica - Chief of Finance Sector Enkla Madhi - Chief of Hotelier Entela Bardhi - Chief of Statistics Albana Kocibelli - Head Nurse, Maternity Surgery Ward Marinela Zhillo - Head Nurse Reanimation Department Edmond Pernaska - Head of Technical Sector Dr. Erion Dash -Telemedicine Center of Albania, Program Coordinator Dr. Taulant Baku - Durres Regional Hospital, Director USAID De-Briefing: Dr. Zhaneta Shatri, USAID Dr. Agim Kocirai, USAID Mr. Marc Ellingstad, USAID Pellumb Pipero – Ministry of Health, Director, Policy and Planning Directorate Petro Mersini- Ministry of Health, Director, Hospital Directorate Silva Novi – Ministry of Health, Hospital Directorate Naile Ajazi – Ministry of Health, Hospital Directorate Vasilika Xhafaj – Ministry of Health, Hospital Directorate Naun Sinani – Health Insurance Institute, Adviser Halim Kosova – NCQSA, Director Riza Ashimi – Korca Regional Hospital, Director Nevruz Bare – Lezha Regional Hospital, Director Valentina Nilcolli – Lezha Regional Hospital, Deputy Director Halim Kosova – Queen Geraldine Maternity Hospital, Director
Meeting with different counterparts for HIS – Ahmad Hashem Technical Meetings	April 2, 2012	Meeting with Advisor of GD at HII (Naun Sinanaj) Meeting with Head of ICT at HII (Miranda Bleta) Meeting with Head of ICT at MOH (Paulin Kodra) Meeting with representative of Albanian Business Partners (Julian Demeti) Meeting with Director of National Agency for Info. Society (Endri Hasa)
Meeting with different counterparts for HIS – Ahmad Hashem Technical	April 3, 2012	Meeting with Coordinator at Ministry of Innovation and ICT (Bledar Meniku)

Meetings		Meeting with Director of National Civil Registry (Arti Cicolli) Meeting with Deputy Director of MOH (Albert Goja) Meeting with main developer of Vaccine Software (Doriana Delia)
Meeting with different counterparts for HIS – Ahmad Hashem Technical Meetings	April 4, 2012	Meeting with IPH Deputy Director (Genz Byrazeri) Meeting with Sales manager at Infosoft group (Bledar Dhima) Meeting with Albanian Business Partners company (Julian Demeti) USAID debriefing
Field Visit to Korca	April 5-6, 2012	Ahmad Hashem and Korca Regional Hospital representatives Korca Regional HII and Public Health Departments A primary health center in Korca A pharmacy in Korca Hygeia Hospital in Tirana
Field Visit in Lezha Meeting with the directors of the following institutions RPHD, RHIID, RH to discuss about: -the establishment and membership of Regional M&E group -SOW of the Regional M&E group	April 5, 2012	Sander Marku, Director of RPHD, Lezha Albina Deda, Director of RHIID, Lezha Nevruz Bara, Director of Lezha Regional Hospital
Field visit in Lezha (meeting with the director of the hospital, engineer and pharmacist to discuss about the establishment of a central warehouse)	April 5, 2012	Nevruz Bara, Director of Lezha Regional Hospital Teuta Marku, Chief of engineer Mark Marku, pharmacist
Field visits in Lezha Meeting with members of the working groups established for each initiative and work with them to develop the Working Plans	April 10-11, 2012	Members of HR group (Silva Nikolli, Nevruz Bare, Brunilda Ndreu, Tonin Rumija, Valentina Nikolli) Members of Visitor Control program (Ardian Preli, Brunilda Ndreu, Mark Marku, Ana Doci Members of Incident Reporting team (Nevruz Bare, Angje Ndoci, Roza Aliaj, Valbona Prenga, Llesh Marku Members of Outsourcing team (Teuta Marku, Ardiana Barbullushi, Valentine Nikolli, Tonin Bushi Members of establishment of Central Warehouse (Teuta Marku, Vitore Gjoka, Valbona Martini, Hydajet Molla)
Debriefing with USAID	April 17, 2012	Louise Myers, EEHR Julian Simidijyski, EEHR Zhaneta Shatri, USAID Agim Kociraj, USAID
Meeting with representatives of ONI Ltd. to talk and discus about their suggestions on HIS	April 18, 2012	Endrit Kockici, ONI Ltd. Agustin Suma, ONI Ltd. Andrea Mihajli, ONI Ltd.Ltd.
Meeting with the members of the Hospital Reform Group to present the initiatives that EEHR project with support in each regional hospital	April 18, 2012	Members of Hospital Reform Group N.Sinani ISKSH, Petro Mersini MOH, Pellumb Pipero MOH, Paulin Kodra MOH, Petraq Shtrepi MOH. Ines Cullaj NCQSA

Field Visit in Korca Meeting with the director of the hospital to finalize the membership of some working groups Meeting with members of working groups to support them to develop the Working Plans	April 23, 2012	Artan Buzo, Director of Korca Regional Hospital Marinela Tringofski, HR group Vasilika Cuti, HR group Stefanaq Cani, HR group Entela Bardhi, Incident Reporting group Ilia Stefa, Incident Reporting group Bashkim Ibi, Incident Reporting group
Field Visit in Korca Meeting with the directors of the following institutions RPHD, RHIID, RH to discuss about: -the establishment and membership of Regional M&E group -SOW of the Regional M&E group -the current status of M&E systems that are in place, the way the institutions are coordinating and communicating with each other	April 24, 2012	Ylli Qirinxhi, Director of RPHD Artan Buzo, Director of Korca Regional Hospital Julian Kapo, Director of RHIID
Field Visit in Korca Meeting with the Director of RPHD to discuss- -the current status of the M&E sector, - the current responsibilities of M&E Unit -the need to review the current SOW and update it based on the national M&E document	April 25, 2012	Ylli Qirinxhi, Director of RPHD Staff of M&E Unit; Alvi Naum, Head of M&E Sector, Piro Dishnica Reproductive Health Specialist, Netreta Qoshja M&E specialist Debriefing with Hospital director
Meeting at maternity hospital to discuss on the Hospital Board	April 26, 2012	Louise Myers, EEHR Zamira Sinoimeri, EEHR Dr.Halim Kosova
Meeting in the MOH Meeting of the National M&E group to approve the documents developed by group	April 27, 2012	Petraq Shtrepi MOH, Ledia Xhafaj MOH, Sonila Rreshka MOH, Erol Como MOH, Silva Novi MOH, Sonela Xinxo IPH, Xhadi Gjanaj HII, Albana Adhami HII,
Meeting with Maternity Hospital director to debrief	April 27, 2012	Louise Myers, EEHR Julian Simidjiyski, EEHR Zamira Sinoimeri, EEHR
Field visits in Lezha -Meeting with members of the HR working group and work with them to develop the documents related to the HR management (JD, New employee orientation program, and annual assessment performance form) -Meeting with the director of the hospital and engineer to identify a space for our office and Telemedicine	May 2 and 11, 2012	Members of HR group (Louise Mayers, Silva Nikolli, Nevruz Bare, Brunilda Ndreu, Tonin Rumija, Valentina Nikolli) Nevruz Bare, Director of Hospital Teuta Marku, engineer

Field visits in Lezha -Meeting with members of the Visitor Control working group and work with them to develop the documents related to the VC initiative(policy, information paper, etc) - Meeting with members of the Central Warehouse working group and work with them to identify all the options for the space that will be suitable for a Central Warehouse - Meeting with members of the Incident reporting working group and work with them to develop the documents related to the Incident reporting initiative(policy, reporting form etc)	May 3 and 11, 2012	Members of Visitor Control program (Ardian Preli, Brunilda Ndreu, Mark Marku, Ana Doci Members of establishment of Central Warehouse (Teuta Marku, Vitore Gjoka, Valbona Martini, Hydajet Molla) Members of Incident Reporting team (Nevruz Bare, Angje Ndoci, Roza Aliaj, Valbona Prenga, Llesh Marku
- Meeting with members of the Outsourcing of Non clinical services working group and work with them to develop the documents related to this initiative(calculation of current costs, preparation of specification)	May 4, 2012	Members of Outsourcing team (Nevruz Bare, Teuta Marku, Ardiana Barbullushi, Valentine Nikolli, Tonin Bushi, Tonin Rumija, Louise Mayers)
Meeting with USAID to debrief on Louise Myers trip	May 4, 2012	Louise Myers, EEHR Julian Simidijyski, EEHR Zhaneta Shatri, USAID Agim Kociraj, USAID
Field Visit in Korca -Meeting with the staff of M&E Unit to fill out the check list of core competencies and assess the core competencies - Meeting with members of the Incident reporting working group and work with them to develop the documents related to the Incident reporting initiative(policy, reporting form etc) - Meeting with members of the HR working group and work with them to develop the documents related to the HR initiative	May 9-11, 2012	Staff of M&E Unit; Alvi Naum, Head of M&E Sector, Piro Dishnica Reproductive Health Specialist, Netreta Qoshja M&E specialist Entela Bardhi, Incident Reporting group Ilia Stefa, Incident Reporting group Bashkim Ibi, Incident Reporting group Marinela Tringofski, HR group Vasilika Cuti, HR group Stefanaq Cani, HR group
Ahmad Hashem Technical Meetings	May 14, 2012	Julian Demeti, CEO, Albanian Business Partners Arti Cicolli, Director of National Civil Registry Indrit Kockiqi and specialists of ONI Ltd.ONI Ltd.
Ahmad Hashem Technical Meetings	May 15, 2012	Debriefing with USAID Julian Demeti, CEO, Albanian Business Partners Arti Cicolli, Director of National Civil Registry Halim Kosova, Director of Queen Geraldine Maternity Hospital

Ahmad Hashem Technical Meetings	May 16, 2012	Skender Lufi, Managing Director of Montal Meeting with ONI Ltd.
Ahmad Hashem Technical Meetings	May 17, 2012	Half day meeting with 3 specialists of ONI Ltd. Dr. Erion Dasho, Director of Telemedicine Project Dr. Nevruz Bara, Director of Lezha Regional Hospital Julian Demeti, CEO, Albanian Business Partners
Ahmad Hashem Technical Meetings	May 18, 2012	Klodian Rjepaj, Director of Cabinet, MoH Paulin Kodra, Head of ICT, MoH Workshop with Dr. Halim Kosova, and about 25 staff members of Queen Geraldine Queen Geraldine VP of finance Julian Demeti, CEO, Albanian Business Partners Bekim Loka, Xerox distributor Debriefing with USAID
Meeting with HR Management team, presentation and discussion about Action plan	May 21, 2012	Julian Simidjiyski,Chief of Party Members of the team Stefanaq Cani, Vasilika Cuti, Irena Xhera, Margerita Jazxhi. Hospital Coordinator, Marinela Tringovski
Meeting with Incident Reporting team, presentation and discussion about Action plan	May 21, 2012	Julian Simidjiyski, Chief of Party Members of the team, Dr.Bashkim Ibi, Entela Bardhi, Marinela Tringovski
Meeting with Hospital Director of Korca, presentation and discussion about activities.	May, 21, 2012	Julian Simidjiyski, Chief of Party Director Hospital Dr. Arta Buzo Deputy Director Dr. Gjergji Gjata Deputy Director Gezim Pasho
Meeting with engineer of Korca's Hospital about blueprints of Hospital.	May 22, 2012	Julian Simidjiyski, Chief of Party Engineer Edmond Remacka
Meeting with Visitor Control team, presentation and discussion about Action Plan	May 22, 2012	Julian Simidjiyski, Chief of Party Members of team, Dr. Nikolin Zhegu, Pare Kosta, Albana Kocibelli.
Field Visit in Lezha Meeting with team leaders of each group to inform each other about the achievements, difficulties -meeting with HR group to discuss the JD developed by group -meeting with Outsourcing team to discuss about the this initiative	May 30, 2012	Nevruz Bare, Ardian preli, Teuta Marku, Valentina Nikolli, Silva Nikolli, Tonin Rumija, Ardiana Barbullushi, Tonin Bushi
Meeting with Hospital Director of Korca, information and discussion about activities	May 28, 2012	Director Hospital Dr. Arta Buzo Deputy Director Dr. Gjergji Gjata Deputy Director Gezim Pasho

Meeting with Outsourcing team, information and discussion about activities	May 28, 2012	Members of the team Gezim Pasho, Edmond Remacka, Bledar Hoxhallari, Entela Madhi
Meeting with Visitor Control team, presentation and discussion about Action Plan	May 29, 2012	Members of team, Dr. Nikolin Zhegu, Pare Kosta, Albana Kocibelli Hospital coordinator Marinela Tringovski
Meeting with Incident Reporting team, information about situation and discussion about Action plan	May 29, 2012	Members of the team, Dr.B ashkim Ibi, Entela Bardhi, Marinela Tringovski
Meeting with Medication Administration team. Presentation and Information.	May 30, 2012	Members of team. Mihallaq Kondi, Vera Pupa, Liljana Roko, Ilir Nune. Vangjel Lice
Meeting with Director of Hospital.	May 30, 2012	Dr. Artan Buzo
Field Visit in Lezha Meeting with Regional M&E group to finalize the set of performance indicators and decide that which institution will be responsible to report	May 31, 2012	Suada Dushku, Aida Gega, Marinela Prenga, Brunilda Hoxha, Denjola Kola
Meeting with Visitor Control team, discussion about reorganization of group after group leader has left.	June 1, 2012	Members of team, Dr.Edion Kollcaku, Pare Kosta, Albana Kocibelli, Marinela Tringovski.
Meeting in the MOH Meeting of the National M&E group to approve the Milestone report 2011	June 5, 2012	Petraq Shtrepi MOH, Ledia Xhafaj MOH, Sonila RReshka MOH, Erol Como MOH, Silva Novi MOH, Sonela Xinxo IPH, Xhadi Gjanaj HII, Albana Adhami HII,
Field visit in Lezha Meeting with HR group to discuss the new Employee orientation program , annual assessment form -meeting with Visitor control team to discuss about results/ difficulties related to this initiative	June 7, 2012	Members of HR group (Nevruz Bare, Silva Nikolli, Tonin Rumija, Brunilda Hoxha) Members of Visitor Control program (Ardian Preli, Brunilda Ndreu, Mark Marku, Ana Doci)
Meeting with representatives of ONI Ltd.. Presentation of their plan about the HIS in Lezha Regional hospital	June 11, 2012	Indrit Kockici, Agustin Suma, Andrea Mihajli, Ahmad Ashem, Gjergj Shelija
Meeting with ONI Ltd. to discuss HIS functional specifications, meeting ABP to discuss Astraia utilization and printer roll-out at Queen Geraldine Maternity Hospital	June 11, 2012	Ahmad Hashem
Field visit in LezhaLezha Meeting with members of HIS group to present what ONI Ltd. is proposing regarding to the HIS	June 15-16, 2012	Tonin Bushi, Silva Nikolli, Brunilda Hoxha, Vjollca Begaj, Denjola kadija, Teuta Marku, Llesh Marku

Meeting with Director of Hospital, Information about activities and work planed.	June 20, 2012	Dr. Artan Buzo
Meeting with Incident Reporting team, information about situation and discussion about Action plan	June 20, 2012	Members of the team, Dr. Bashkim Ibi, Entela Bardhi, Marinela Tringovski
Creation of Space Utilization team and preparation for Workshop.	June 21, 2012	Members of team, Dr. Artan Buzo, Dr, Gjergj Gjata, Gezim Pasho. Edmond Remacka, Mihallaq Kondi
Open invitation for increasing number of membership of Visitor Control team. Working with new members and supporting them for preparation of Action Plan.	June 21, 2012	Dr.Edion Kollcaku, Pare Kosta, Albana Kocibelli, Marinela Tringovski, Mihallaq Kondi, Anastaci Mitace
Meeting with Medication Administration team. Information and updating about new nurse's medication form.	June 22, 2012	Members of team. Mihallaq Kondi, Vera Pupa, Liljana Roko, Ilir Nune. Vangjel Lice
Meeting with Visitor Control team.	June 22, 2012	Dr.Edion Kollcaku, Pare Kosta, Albana Kocibelli, Marinela Tringovski, Mihallaq Kondi, Anastaci Mitace
Field visit in Lezha Training on medical administration record	June 28, 2012	Kimete Abdyli, Diamanda Doci, Enkeled Gega, Pranvera Lushi, Angje Ndoci, Zamira Rustja, Liza Perleka, Majlinda Gjoka
Meeting with Director of Korca Hospital. Presentation of activity plan during the week.	July 2, 2012	Dr. Artan Buzo, Louise Myers, Arthur Hoey
Meeting with outsourcing team.	July 3, 2012	Luoise Myers, Anila Dishnica, Gezim Pasho, Edmond Remacka.
Meeting with Medication Administration team.	July 3, 2012	Luoise Myers, Mihallaq Kondi, Vera Pupa, Liljana, Marinela Tringovsky, Liljana Roko, Vangjeli Lipe
Meeting with HR Management team, discussion and organization about agenda for July 5 activity.	July 2, 3, 4, 2012	Stefanaq Cani, Vasilika Cuti
Field Visit in Lezha (Regional Hospital) Meeting with the following teams: **HR Team:** Work with them to prepare and finalize the presentation for the meeting of July 5.2012 Work to develop the JD for each position, Work to develop the organogram of the hospital	July 4, 9, 17, 24, 2012	**Human Resource Team:** Nevruz Bara, Director of Lezha Regional Hospital Silva Nikolli, HR Specialist Tonin Rumija, member of team, Physician Brunilda Hoxha, member of team, Head Nurse Mirela Cami, Site Manager, EEHR **Incident Reporting Team:** Nevruz Bara, Director of Lezha Regional Hospital Ardian Preli, Deputy Director, Valbona Prenga, Chief of Emergency

Incident Reporting Team: Work with them to finalize the policy and form **Space Utilization Team:** Discuss the options proposed by architect; signage (internal and external) **Visitor Control Team**: Work with them to finalize the policy and identify the next steps **Outsourcing Team:** Discuss with the team about the procedures: calculation of current costs, cost estimation for the companies , draft the request for the MOH to approve the outsourcing, etc		Angje Ndoci, Llesh Marku Head of OB/GYN Mirela Cami, Site Manager, EEHR **Space Utilization Team:** Nevruz Bara, Director of Lezha Regional Hospital Teuta Marku, Engineer Ardian Preli, Technical Deputy Director Valentina Nikolli, Adm Deputy Director Brunilda Hoxha, Head Nurse Mirela Cami, Site Manager, EEHR **Visitor Control Team**: Ardian Preli, Technical Deputy Director Brunilda Hoxha, Head Nurse Mark Marku, Physician Diamanda Doci, Head Nurse , Emergency Dorina Doda, Head Nurse, Maternity Mirela Cami, Site Manager, EEHR **Outsourcing Team:** Valentina Nikolli, Admin Deputy Director Teuta Marku, Engineer Ardiana Barbullushi, Lawyer Tonin Bushi, Head of Finance Mirela Cami, Site Manager, EEHR
Meeting with director of Korca Hospital, presentation of actual situation and needed for the future.	July 4, 17, 19, 2012	Dr. Artan Buzo, Filip Vila
Meeting with Visitor Control team presentation and discussion about work realized.	July 6, 18, 23, 2012	Dr. Edion Kollcaku, Pare Kosta, Albana Kocibelli, Marinela Tringovski, Mihallaq Kondi, Anastaci Mitace, Filip Vila
Meeting with Director of Hospital and Space Utilization team. Presentation of work done and discussion about proposals.	July 6, 2012	Dr. Artan Buzo, Gezim Pasho, Edmond Remacka, Mihallaq Kondi, Marinela Tringovski, Julian Simidjiyski, Louise Myers, Arthur Hoey, Filip Vila
Visit of USAID mission to the Lezha Regional Hospital	July 9, 2012	Mark Ellingstad , Zhani Shatri, Agim Kociraj, EEHR team
Field visit in Lezha (Regional Hospital) -Meeting with Dr.Bara and health finance consultant Alexander Katsaga. -Meeting with finance/costs specialists and health finance consultant Alexander Katsaga -Meeting with Regional M&E working group to finalize the Map of Activities and identify the Milestones 2012.	July 17, 2012 July 17, 24, 2012	Nevruz Bara, Director of Lezha Hospital Alexander Katsaga, Health finance consultant Denjola Kadia, statistician Erjola Brunga, Cost specialist Tonin Bushi, head of Finance Brunilda Hoxha, Head Nurse, Hospital Marinela Leka, HII Directorate Aida Gega, HII Directorate Denjola Kadija, statistician, lezha Hospital Ledion Prendi, M&E sector, RPHD- Lezha

		Suada Danaj, M&E sector, RPHD- Lezha
Meeting with the Director of Lezha Hospital Dr. Nevruz Bara	July 17, 2012	Nevruz Bara Mirela Cami Blerina Dudushi
Meeting with Lezha PR Group	July 17, 2012	Brunilda Hoxha Tonin Rumia Roza Hilaj Ardiana Barbullushi Blerina Dudushi
Meeting with the Director of Institute of Public Health discussing on Act Now potential Stories	July 17, 2012	Sander Marku Tonin Rumia Nevruz Bara Mirela Cami Blerina Dudushi
Meeting with Statics Department of Lezha	July 17, 2012	Deniola Kadia Eriola Brunga Aleksander Katsaga
Meeting with Ermira Lubani potential trainer for team building	July 19, 2012	Ermira Lubani, NPC at UNIFEM Blerina Dudushi
Meeting with Ariana Haxhiu ANTARC, potential trainer for team building.	July 20, 2012	Ariana Haxhiu Blerina Dudushi
Meeting with Bjeta Sulo, TOP Channel	July 25, 2012	Bjeta Sulo Blerina Dudushi
Meeting with Fiona Todhri, ISOP	July 25, 2012	Fiona Todhri Blerina Dudushi
Visit in Spiten – Act Now Stories		Arben Doçi Head of Commune - Spiten Ardian Domi – Personage of Act Now Story Aferdita Gjoni Blerina Dudushi
Meeting with Incident reporting team.	July 18, 23, 2012	Members of the team, Dr.Bashkim Ibi, Dr. Ilia Stefa, Entela Bardhi, Marinela Tringovski, Filip Vila,
Meeting with members of Visitor Control team, discourse and work needed to finalized draft policy.	August 9, 2012	Members of team, Dr.Edion Kollcaku, Pare Kosta, Anastasi Mitace, Mihallaq Kondi, Marinela Tringovski. Filip Vila
Meeting with member of Space Utilization team discourse about realization of civil work in Korca hospital. Updated the last	August, 1, 3, 8, 10, 2012	Members of the team, Dr. Artan Buzo, Dr. Gjergj Gjata, Gezim Pasho, Edmond Remacka, Mihhalaq Kondi, Filip Vila

suggestions and comments signage and finalized draft signage for Korca hospital.		
Field Visit in Lezha (Regional Hospital) Meeting with the following teams: **HR Team:** Discuss the JD developed by the team and disseminate/share with the staff Review the organogram of the hospital developed by team Finalize the performance evaluation form **Incident Reporting Team**: Discuss the establishment of the group that with analyze the incidents reported to date Discuss the solutions proposed by the group to address the incidents **Space Utilization Team:** Discuss the signage (internal and external) model developed by group **Visitor Control Team**: discuss the implementation plan , develop the Order of the Director **Outsourcing Team:** Discuss the calculation of current costs, cost estimation for the companies , draft the request for the MOH to approve the outsourcing, etc	August 7, 10, 22, 2012	**Human Resource Team:** Nevruz Bara, Director of Lezha Regional Hospital Silva Nikolli, HR specialist Tonin Rumija, member of team, Physician Brunilda Hoxha, member of team, Head Nurse Mirela Cami, Site Manager, EEHR **Incident Reporting Team:** Nevruz Bara, Director of Lezha Regional Hospital Ardian Preli, Deputy Director, Valbona Prenga, Chief of Emergency Angje Ndoci, Llesh Marku head of OB/GJIN Mirela Cami, Site Manager, EEHR **Space Utilization Team:** Nevruz Bara, Director of Lezha Regional Hospital Teuta Marku, Engineer Ardian Preli, Technical Deputy Director Valentina Nikolli, Admin Deputy Director Brunilda Hoxha, Head Nurse Mirela Cami, Site Manager, EEHR **Visitor Control Team**: Ardian Preli, Technical Deputy Director Brunilda Hoxha, Head Nurse Mark Marku, Physician Diamanda Doci, Head Nurse , Emergency Dorina Doda, Head Nurse, Maternity Mirela Cami, Site Manager, EEHR **Outsourcing Team:** Valentina Nikolli, Admin Deputy Director Teuta Marku, Engineer Ardiana Barbullushi, Lawyer Tonin Bushi, Head of Finance Mirela Cami, Site Manager, EEHR
Meeting with responsible for Human Resources team. I received information work realized and plan for next weeks.	August 1, 3, 8, 2012	Stefanaq Cani, Filip Vila
Meeting with Incident reporting team.	August 2, 9, 10, 2012	Members of the team, Dr.Bashkim Ibi, Dr. Ilia Stefa, Entela Bardhi, Marinela Tringovski, Filip Vila
Meeting with Gazmend Bejtja, Director of PHD, MOH Discuss the new SOW of M&E sectors in regions	August 9, 2012	Gazmend Bejtja, Director of PHD, MOH Julian Simidjiyski, COP Mirela Cami, Site Manager, EEHR

Meeting with M&E staff /MOH to discuss about the meeting of HRISG, September 27, 2012 Preparation of invitation, agenda, list of participants, etc	August 21, 2012	Zamira Sinoimeri, EEHR Ledia Xhafaj, M&E specialist Petraq Shtrepi, Head of M&E sector Sonila Rreshka, M&E sector Jonela leka, N&E sector
Field visits in LezhaLezha Meeting with the Director of RPHD-LezhaLezha. Discussion about the M&E sector, new SOW of the sector, the need for a new office and training of staff	August 22, 2012	Sander Marku, Director, RPHD-Lezha Mirela Cami, EEHR
Field Visit in Korca Meeting with the director of RPHD to discuss about: -the new SOW of the Regional M&E sector approved by the minister -EEHR provided a new computer and printer for the M&E sector	August 28, 2012	Ylli Qirinxhi, Director of RPHD Mirela Cami, EEHR
Meeting with Genc Byrazeri, IPH Deputy Director, presentation and discussion about IPH Data Warehouse Improvements	August 16, 2012	Genc Byrazeri, IPH, Deputy Director, Julian Simidjiyski, EEHR, Chief of Party Ervis Bregu, EEHR, Manager for HIS
Meeting with Julian Demeti, ABP CEO, presentation and discussion about improving Queen Geraldine Maternity Astraia Software Usage	August 17, 2012	Julian Demeti, ABP, CEO, Julian Simidjiyski, EEHR, Chief of Party Ervis Bregu, EEHR, Manager for HIS
Meeting with Miranda Bleta and Jolina Ikonomi, HII IT department, presentation and discussion about integrating their requirements for Lezha Hospital Information System	August 20, 2012	Miranda Bleta, HII, IT Director Jolina Ikonomi, HII, IT Specialist Ervis Bregu, EEHR, Manager for HIS
Meeting with Nevruz Bara, Lezha Regional Hospital Director, presentation and discussion about technical requirements for Lezha Hospital Information System	August 21, 2012 + several meetings	Nevruz Bare, Lezha Hospital Director, Aferdita Gjoni, EEHR, Site Cordinator Ervis Bregu, EEHR, Manager for HIS
Meeting with Paulin, Director of IT Department at Ministry of Health, presentation and discussion about requirements for Lezha Hospital Information System and Information Technology Activities	August 22, 2012	Paulin Kodra, MOH, IT Department Director, Julian Simidjiyski, EEHR, COP Ervis Bregu, EEHR, Manager for HIS
Meeting with Alba Rexha, IPH IT Specialist, presentation and discussion about improving IPH Data Warehouse improvements	August 27, 2012	Alba Rexha, IPH, IT Specialist Ervis Bregu, EEHR, Manager for HIS
Meeting with Ariana Haxhiu ANTARC, potential trainer for team building. Outline for the team building.	August 6, 2012	Ariana Haxhiu Blerina Dudushi

Meeting with the Director of SUOGJ Dr. Halim Kosova	August 6, 2012	Julian Simidjiyski Zamira Sinoimeri Halim Kosova Blerina Dudushi
Meeting with Gjergji Thimo – potential Act Now Story	August 7, 2012	Gjergji Thimo Blerina Dudushi
Meeting with the HR Manager SUOGJ	August 9, 2012	Mirlinda Krasniqi Zamira Sinoimeri Valdete Hasani Blerina Dudushi
Information Session at SUOGJ- technical working groups	August 28, 2012	Nadire Hotova Aurora Bajraktari Ema Sina Vera Pashollari Lirie Shehu Lida Keta Mirela Gjerri Luci Vejsiu Shpresa Hoxha Irma Muka Yllka Hysa Zana Kadili Rudina Heteni Flutura Maci Anjeza Sadiku Adriana Kopani Maks Gjoni Valdete Hasani Blerina Dudushi
Meeting with Gjergji Thimo – potential Act Now Story	August 28, 2012	Gjergji Thimo Ornela Palushaj Blerina Dudushi
Field Visit in Lezha (Regional Hospital) Meeting with representatives of all teams established for each initiative to discuss/finalize -the materials that the Lezha Regional Hospital will present in the Meeting of HRISG, September 27, 2012 -the presentation of the Director of the Hospital about the achievements in the implementation of the initiatives (Meeting of HRISG, September 27, 2012) - the presentation of Head Nurse on Regional Hospital indicators (Meeting of HRISG, September 27, 2012) -discuss the activities accomplished for all initiatives and identify next steps	September 5, 6, 11, 18, 25, 2012	**Human Resource Team:** Nevruz Bara, Director of Lezha Regional Hospital Silva Nikolli, HR specialist Tonin Rumija, member of team, Physician Brunilda Hoxha, member of team, Head Nurse Mirela Cami, Site Manager, EEHR **Incident Reporting Team:** Nevruz Bara, Director of Lezha Regional Hospital Ardian Preli, Deputy Director, Valbona Prenga, Chief of Emergency Angje Ndoci, Llesh Marku head of OB/GJIN Mirela Cami, Site Manager, EEHR **Space Utilization Team:** Nevruz Bara, Director of Lezha Regional Hospital Teuta Marku, Engineer Ardian Preli, Technical Deputy Director Valentina Nikolli, Admin Deputy Director Brunilda Hoxha, Head Nurse Mirela Cami, Site Manager, EEHR

-discussion about the Medical Administration Record, print the new model and train staff to use it		**Visitor Control Team**: Ardian Preli, Technical Deputy Director Brunilda Hoxha, Head Nurse Mark Marku, Physician Diamanda Doci, Head Nurse , Emergency Dorina Doda, Head Nurse, Maternity Mirela Cami, Site Manager, EEHR **Outsourcing Team:** Valentina Nikolli, Admin Deputy Director Teuta Marku, Engineer Ardiana Barbullushi, Lawyer Tonin Bushi, Head of Finance Mirela Cami, Site Manager, EEHR
Meeting with director of hospital, information about HR group, activities during September especially presentation for 21/27 September.	September 5, 2012	Dr. Artan Buzo Blerinda Dudushi Manager for Communicating with Non-State Actors
Meeting with Dr. Isuf Kalo, Director of NCQSA to discuss the set of regional hospital indicators developed by regional institutions	September 7, 2012	Isuf Kalo, Director of NCQSA Julian Simidjiyski, COP, EEHR Mirela Cami, EEHR
Meeting with member of Space Utilization team discourse about realization of civil work in Korca hospital.	September 6, 2012	Edmond Remacka, Filip Vila
Meeting with responsible for Visitor Control group talked about work done and changes at draft policy.	September 6, 2012	Dr. Edjon Kollcaku, Filip Vila
Meeting of the Public Relation group of Korca.	September 5, 6, 2012	Members of the team. Dr. Gjergj Gjata, Dr. Koco Mati, Dr. Viola Bezhani, Dr. Diana Alickolli, Arsidea Hysi. Blerinda Dudushi, EEHR
Meeting with responsible of Incident reporting group, talked about reporting of last incident happened at Korca Hospital. (a patient beat and injured a doctor).	September 6, 2012	Dr. Bashkim Ibi, Filip Vila
Meeting with Elona Dhima, The new director of M&E Department/MoH to present the support of EEHR for the M&E Department and the plans for the future.	September 19, 2012	Elona Dhima, Director of M&E Department/MOH Mirela Cami, EEHR
Meeting of Hospital Technical Working group to present the progress of the pilot hospitals in the implementation of each initiative	September 21, 2012	Members of Technical Working Group EEHR team
Field Visit in Lezha Meeting of Regional M&E Working Group	September 25, 2012	Members of M&E Regional Working Group Elona Dhima , Director of M&E /MOH Petraq Shtrepi, Head of M&E sector Mirela Cami, EEHR

Meeting with Medical records team discussion about actual situation of medical recording and preparation of folder map documents.	September 18, 2012	Members of team, Mihallaq Kondi, Vera Pupa, Liljana Roko, Vangjel Lice, Filip Vila
Meeting with Incident reporting team for preparing last version of documents for folder map and photos of groups	September 18, 2012	Members of the team, Dr. Bashkim Ibi, Dr. Ilia Stefa, Entela Bardhi, Marinela Tringovski, Filip Vila
Meeting with Human Resources team, discussed about difficulties to finished duties and how to solve the problems	September 5, 18, 2012	Stefanaq Cani, Vasilika Cuti, Filip Vila
Meeting with director of hospital. Information for activities on 21 and 27 September and discussion about presentation of Korca hospital.	September 19, 2012	Director Hospital Dr. Arta Buzo, Filip Vila
Meeting with group of Incident Reporting, discussion about incident reporting and some difficulties for recording them.	September 19, 2012	Members of the team, Dr. Bashkim Ibi, Dr. Ilia Stefa, Entela Bardhi, Marinela Tringovski, Filip Vila
Meeting with outsourcing group, discussion about actual situation of laundry and ongoing process of outsourcing kitchen.	September 19, 2012	Members of team, Gezim Pasho, Anila Dishnica, Edmond Remacka, Entela Madhi, Bledar Hoxhollari, Filip Vila
Meeting with responsible for working group of Administration of medical record and coordinator of hospital Korca. Discussed about implementation process of new medical record, difficulties and change, and meeting of HRISG group.	September 25, 2012	Mihallaq Kondi responsible for Administration and Medical Record. Marinela Tringovsky hospital coordinator. Filip Vila
Meeting with deputy director of the hospital, discussed about meeting of the HRISG group, importance of the activity, presentation, stands and organization of Korca hospital team.	September 25, 2012	Deputy Director Dr. Gjergj Gjata, Filip Vila
Meeting with Hospital Director of Korca, Information for meeting of the HRISG group, agenda, stands and presentation in word and in power point.	September 26, 2012	Director Hospital Dr. Arta Buzo
Meeting with deputy director of the hospital, discussed about presentation of Korca hospital at HRISG group.	September 26, 2012	Deputy Director Dr. Gjergj Gjata
Meeting With Oligert Haxhia, ABP IT Specialist, working about installing Queen Geraldine Maternity printers and PCs	September 4, 2012 + several meetings	Oligert Haxhia, ABP, IT Specialist Ervis Bregu, EEHR, Manager for HIS

Meeting with Halim Kosova, Queen Geraldine Maternity Hospital Director, presentation and discussion about technical requirements for Visitor Control System and improving Astraia Software usage	September 5, 2012	Halim Kosova, Queen Geraldine Matternity Director Zamira Sinoimeri, Ervis Bregu, EEHR, Manager for HIS
Meeting with HII Staff, presentation and discussion about Hospital Payments Systems	September 11, 2012	Miranda Bleta, HII, IT Department Director Sander Marku, HII, Economic Directory, Specialist Dhurata Gorica, HII, Economic Directory, Responsible for Accounting Sector, Arjana Kulicaj, HII, Hospitals Directory, Responsible for Hospitals Services Sector Alexander Katsaga, International Consultant on Hospital Payment Systems Ervis Bregu, EEHR, Manager for HIS
Meeting with Elvana Hana, HII Director, presentation and discussion about Hospital Payment Systems	September 14, 2012	Elvana Hana, HII Director, Alexander Katsaga, International Consultant on Hospital Payment Systems Julian Simidjiyski, EEHR, Chief of Party Ervis Bregu, EEHR, Manager for HIS
Meeting with Altin Pasko, QG Maternity Deputy Director, presentation and discussion about printers, PCs and consumable materials delivered to Queen Geraldine maternity	September 19, 2012 + several meetings	Altin Pasko, QG Maternity, Deputy Director Ilirian Hasani, EEHR, Administration Manager Ervis Bregu, EEHR, Manager for HIS
Training on the 1st PR Module – PR Team Korça Hospital	September 5, 6, 2012	Gjergji Gjata Koco Mati Viola Bezhani Arsidesa Hysi Marinela Tringofski Filip Vila Joana Mukeli Blerina Dudushi
Training on the 1st PR Module – PR Team Lezha Hospital	September 9, 2012	Nevruz Bara Valbona Martina Ardiana Barbullushi Brunilda Hoxha Nevruz Bara Tonin Rumia Aferdita Gjoni
Meeting with Mr. Pëllumb Pipero - General Director of Health Policies and Planning MOH	September 17, 2012	Pëllumb Pipero - General Director of Health Policies and Planning MOH Gael O'Sullivan Blerina Dudushi
Meeting with Mrs Floreta Luli Faber Ammchamm	September 17, 2012	Floreta Luli Faber Gael O'Sullivan Blerina Dudushi
Meeting with Elvana Hana Director HII	September 17, 2012	Elvana Hana Gael O'Sullivan Blerina Dudushi

Meeting with Mr. Edmond Dragoti – Institute of Public Opinion Studies	September 17, 2012	Edmond Dragoti Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Arian Boci - Stop Aids	September 17, 2012	Arian Boci Gael O'Sullivan Blerina Dudushi
Meeting with Mrs. Eglantina Bardhi – Albanian Journalist Club	September 17, 2012	Eglantina Bardhi Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Agim Kociraj – USAID – Health Specialist	September 17, 2012	Agim Kociraj Gael O'Sullivan Blerina Dudushi
Meeting with Mrs. Florinda Gjergji – Director Red Cross Office Lezha	September 18, 2012	Florinda Gjergji Gael O'Sullivan Blerina Dudushi Aferdita Gjoni
Meeting with Mrs. Albina Deda – Director of RDHII in Lezha	September 18, 2012	Albina Deda Gael O'Sullivan Blerina Dudushi Aferdita Gjoni
Meeting with Mrs Marinela Leka - Deputy Director Palliative Care Education Center - Lezha	September 18, 2012	Marinela Leka Gael O'Sullivan Blerina Dudushi Aferdita Gjoni
Meeting with Mr. Bardhok Ndeca Regional Development Program financed by EU	September 18, 2012	Bardhok Ndreca Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Jak Gjini – Protecting environment NGO financed by PNUD	September 18, 2012	Jak Gjini Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Arjan Barbullushi – Deputy Mayor Lezha	September 18, 2012	Arjan Barbullushi Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Pasko Palokaj, Director Chamber of Commerce and Industry – Lezha	September 18, 2012	Pasko Palokaj Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Nevruz Bara – Director Regional Hospital Lezha	September 18, 2012	Nevruz Bara Gael O'Sullivan Blerina Dudushi Aferdita Gjoni
Meeting with Mr. Orgert Vlashaj Manager World Vision Lezha	September 18, 2012	Orgert Vlashaj Gael O'Sullivan Blerina Dudushi Aferdita Gjoni

Meeting with Mr. Sotiraq Stratoberdha Civic Forum of Korca	September 19, 2012	Sotiraq Stratoberdha Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mr.Isuf Salice Civic Forum of Korca	September 19, 2012	Isuf Salice Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mrs. Marlene Van de Voorde – Deputy Director Kennedy Foundation	September 19, 2012	Marlene Van de Voorde Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mrs. Ereandra Taipllari – Manager of the Center of Development and Civil Society	September 19, 2012	Ereandra Taipllari Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mr. Oltion Drabo Director of World Vision Korca	September 19, 2012	Oltion Drabo Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mrs. Irena Laska - Director of Mary Potter	September 19, 2012	Irena Laska Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Deputy Director of Korca Municipality Mr. Sotiraq Filo	September 20, 2012	Sotiraq Filo Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Director of Dorkas Mr. Ilia Dishnica	September 20, 2012	Ilia Dishnica Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Director of Tabita Foundation, Mr. Mr Edison Rrezhda	September 20, 2012	Edison Rezhda Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mr. Ylli Qirinxhi – Director of Public Health	September 20, 2012	Ylli Qirinxhi Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mr. Julian Kapo - Director DRSKSH	September 20, 2012	Julian Kapo Gael O'Sullivan Blerina Dudushi Joana Mukelli
Meeting with Mrs. Holta Koci Albania Community Assist	September 21, 2012	Holta Koci Gael O'Sullivan Blerina Dudushi
Meeting with Dr. Halim Kosova – Director of SUOGJ	September 21, 2012	Halim Kosova Gael O'Sullivan Blerina Dudushi

Meeting with Mrs. Orada Tare - Manager - Soros Civil Society	September 21, 2012	Orada Tare Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Engjell Mihali – Director of dept of Health Promotion ISHP	September 21, 2012	Engjell Mihali Gael O'Sullivan Blerina Dudushi
Meeting with Mrs. Laureta Memo Planning & Local Governance Project (Usaid Contractor) - Tetra Tech ARD	September 21, 2012	Laureta Memo Gael O'Sullivan Blerina Dudushi
Visit in TOP Media	September 21, 2012	Laureta Memo Gael O'Sullivan Blerina Dudushi
Meeting with Mr. Agim Kociraj – USAID – Health Specialist	September 21, 2012	Agim Koçiraj Julian Simidjiyski Zamira Sinoimeri David Gagnon Gael O'Sullivan Blerina Dudushi
Meeting with Mrs. Eglantina Bardhi – Albanian Journalist Club	September 28, 2012	Eglantina Bardhi Blerina Dudushi
Meeting with the newly appointed PR Specialist at SUOGJ and HR Director SUOGJ	September 28, 2012	Klaudia Rafti Mirlinda Krasniqi Valdete Hasani Blerina Dudushi

ANNEX C: HOSPITAL COMPOSITE INDICATOR BASELINE DATA

INDEX OF GOOD MANAGEMENT PRACTICES IN HOSPITALS

No.	INDICATOR	MATERNITY HOSPITAL #1 YES	NO	AVERAGE % YES	KORCA REGIONAL HOSPITAL YES	NO	AVERAGE % YES	LEZHA REGIONAL HOSPITAL YES	NO	AVERAGE % YES
	Sub-Total Cross-Cutting	1	3	25%	2	2	50%	2	2	50%
	Sub-Total Human Resources	14	5	74%	13	5	72%	16	3	84%
	Sub-Total Service Delivery NON-CLINICAL	19	19	50%	18	20	47%	19	19	50%
	Sub-Total Service Delivery CLINICAL	43	13	77%	34	22	61%	40	16	71%
	Sub-Total Medical Products Management	8	6	57%	14	0	100%	13	1	93%
	Sub-Total Governance	0	6	0%	0	6	0%	0	6	0%
	Sub-Total Health Financing	12	0	100%	11	1	92%	11	1	92%
	Sub-Total Health Information Systems	10	7	59%	6	11	35%	8	9	47%
	TOTAL SCORE ACROSS ALL CATEGORIES	**107**	**59**	**64%**	**98**	**67**	**59%**	**109**	**57**	**66%**

INDEX OF GOOD MANAGEMENT PRACTICES IN HOSPITALS

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
	CROSS-CUTTING	-	-							
	Does the hospital have a:									
a	Strategic Plan		1			1			1	
b	Organization Chart	1			1			1		
c	Incident Reporting Tracking System		1			1			1	
d	Quality Improvement Plan		1		1			1		
Sub-Total Cross-Cutting		**1**	**3**	**25%**	**2**	**2**	**50%**	**2**	**2**	**50%**
1	**HUMAN RESOURCES**									
1.1	The hospital has a formal HR Department that handles all employee matters	1			1			1		
1.2	The HR Director is a member of the senior management team	1			1			1		
1.3	Job Descriptions exist for all positions	1				1			1	
1.4	There is a unique employment record or folder for each employee	1			1			1		
1.5	There is a New Employee Orientation Program for all employees		1			1			1	
1.6	The hospital has on-going training and development programs for employees	1				1		1		
1.7	Training Records are maintained and up-to-date	1				1		1		

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
1.8	The hospital has a Performance Management Program with annual employee evaluations that include documented action plans for improved performance indicators		1		1				1	
1.9	The HR Department documents manpower shortages and has corresponding recruitment plans	1				1		1		
1.10	The HR Department has an operations manual that includes policies for:									
a	Hiring Procedures	1			1			1		
b	Work Scheduling	1			1			1		
c	New Employee Orientation		1		1			1		
d	Compensation	1						1		
e	Benefits	1			1			1		
f	Payroll Information	1			1			1		
g	Workplace Injuries		1		1			1		
h	Performance Review/Evaluation		1		1			1		
i	Confidentiality of Personnel Records	1			1			1		
j	Progressive Disciplinary Actions	1			1			1		
Sub-Total Human Resources		**14**	**5**	**74%**	**13**	**5**	**72%**	**16**	**3**	**84%**
2	**SERVICE DELIVERY**									
NON-CLINICAL										
Environmental Services										
2.1	There is a separate Environmental Services Department with an experienced Director		1			1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.2	The department is out-sourced		1			1			1	
2.3	There is an employee training program that standardizes procedures and use of chemical cleaning agents		1			1			1	
2.4	There are detailed work area assignments and schedules		1		1				1	
2.5	There are adequate cleaning supplies and equipment	1			1				1	
2.6	Multi-disciplinary rounds are made weekly by clinical and housekeeping managers		1		1				1	
Laundry										
2.7	There is a separate Laundry Department with a trained laundry/linen manager		1			1			1	
2.8	The department is out-sourced		1			1			1	
2.9	There is a linen inventory management system	1			1				1	
2.10	There are written procedures for handling of infectious linen		1			1			1	
2.11	There is a linen/laundry cost per patient day tracking system	1				1			1	
Food Service										
2.12	There is a hospital kitchen managed by a trained food service director		1			1			1	
2.13	The department is out-sourced	1				1			1	
2.14	There are professional dieticians on staff		1			1			1	
2.15	There is a system for ordering and preparing special diets	1				1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.16	There is a food procurement and inventory management system	1			1			1		
2.17	There is a food cost/patient day tracking system	1				1		1		
Safety										
2.18	There is a fire safety plan, evacuation routes are visibly posted and fire drills are conducted regularly		1		1			1		
2.19	There are written internal and external disaster plans that are regularly reviewed with the staff		1			1			1	
2.20	The department is outsourced		1			1			1	
2.21	The disposal of hazardous waste is monitored for adherence to written policies	1			1				1	
Security										
2.22	The department Is out-sourced	1			1			1		
2.23	There is a system for tracking property loss	1			1			1		
Facilities Maintenance										
2.24	There is a facilities maintenance department directed by a professional facility manager		1		1			1		
2.25	The Facilities Maintenance Department is outsourced	1			1			1		
2.26	There is a written preventive maintenance schedule that is regularly followed		1		1			1		

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.27	There is potable water available 24 hours/day 7 days/week through regular or alternate sources to meet essential patient care needs		1		1			1		
2.28	There are building systems failure procedures for:									
a	Oxygen		1			1		1		
b	Medical Air	1				1		1		
c	Vacuum		1			1		1		
d	Nitrous Oxide	1				1		1		
e	Electrical Supply	1			1			1		
f	Water Supply	1				1		1		
g	Telephone	1			1			1		
Patient Registration and Referral										
2.29	There is a consistent procedure for the proper registration of a patients	1			1			1		
2.30	There are regular quality audits to assure that complete patient registration information is obtained	1			1			1		
2.31	There are written criteria and procedures for the referral of patients to another facility	1			1			1		
2.32	A feedback loop been established that tracks and monitors referrals		1			1			1	
Sub-Total Service Delivery NON-CLINICAL		**19**	**19**	**50%**	**18**	**20**	**47%**	**19**	**19**	**50%**
CLINICAL SERVICES										
Bio-Medical Equipment										

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.33	There is a comprehensive inventory of all medical equipment	1			1			1		
2.34	There is a bio-medical equipment preventive maintenance plan for all medical equipment		1		1				1	
2.35	The work is out-sourced	1				1		1		
2.36	There are regular training programs for staff using medical equipment	1			1			1		
2.37	Equipment warranties and service agreements are tracked	1			1			1		
Medical Records Management										
2.38	Each patient has a unique medical record number	1			1			1		
2.39	The registration system is unified for in-patient and out-patient records	1			1			1		
2.40	There are written medical record documentation standards	1				1		1		
2.41	There is a uniform set of forms that comprise a complete medical record		1		1			1		
2.42	There are routine medical records quality audits	1			1			1		
2.43	There are written procedures for the proper handling, storage and confidentiality of medical records		1		1			1		
Nursing Standards and Practice										
2.44	There is a clear nursing department management structure	1			1			1		

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.45	The roles and responsibilities for licensed and unlicensed staff are clearly differentiated	1			1			1		
2.46	There are standard nursing admission procedures and an admission assessment that includes:									
a	Reason for Admission	1			1			1		
b	Current and Past Medical History	1			1			1		
c	Current Medications	1			1			1		
d	Psychological Factors		1		1				1	
e	Home and Family Factors		1		1				1	
f	Physical Functioning		1		1			1		
2.47	Within 24 hours of admission and nursing Plan of Care is filed in the patient medical record and progress notes required for each shift	1			1			1		
2.48	A Medication Administration Record for each patient is maintained and audited daily by a nursing supervisor	1				1		1		
2.49	Nursing progress notes are recorded for each shift	1			1			1		
2.50	There is a formal nurse-to-nurse report at the end of each shift	1			1			1		
2.51	There are written patient transfer and discharge protocols		1		1			1		
Quality Assessment/Improvement										

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.52	There is a functioning Quality Improvement Committee chaired by a senior manager	1				1		1		
2.53	An overview of the Quality Improvement program is part of every employee's orientation		1			1		1		
2.54	Quality audits are routinely completed and reported to the governing board		1			1			1	
2.55	Incident Reports are tracked for trends and used to define quality improvement initiatives	1				1		1		
2.56	Continuous feedback of quality improvement efforts is part of the organizational culture		1			1		1		
Infection Prevention and Control										
2.57	There is a written hospital infection prevention and control plan		1		1			1		
2.58	There is an Infection Prevention and Control Committee chaired by the individual charged with overseeing the Infection Control program	1				1		1		
2.59	The hospital follows Universal Precautions	1				1			1	
2.60	There are department specific infection prevention and control policies	1				1		1		
2.61	The hospital laboratory is capable of supporting the infection control surveillance activity	1				1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.62	There is training on infection control for every member of the hospital staff		1			1			1	
2.63	Essential equipment and supplies are available in all patient care areas	1				1			1	
2.64	There are infection control policies and procedures for:									
a	Patient and visitor control	1				1			1	
b	Staff hand hygiene and dress control	1				1			1	
c	Transmission-based precautions	1				1			1	
d	Post-exposure prophylaxis	1				1			1	
e	Isolation room assignments	1				1		1		
f	Environmental Services cleaning procedures and use of chemicals	1				1		1		
g	Medical Waste Management	1			1				1	
2.65	There are sinks with running water available in all clinical areas	1			1			1		
2.66	There is soap or an alcohol-based hand rub available	1			1			1		
2.67	Clean and dirty items are stored separately	1			1			1		
Emergency Services										
2.68	There is a separate Emergency Services entrance with a centralized triage function	1				1		1		
2.69	There is a patient registration capability in the Emergency Department	1			1			1		
2.70	There are policies and procedures for isolating infectious patients in the Emergency Services area	1				1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
2.71	There are written procedures for patient admission to an in-patient unit from the Emergency Department	1			1			1		
Laboratories										
2.72	There is adequate equipment and supplies to meet the clinical needs of the hospital	1			1				1	
2.73	Laboratory equipment is routinely calibrated and a complete record of test results are on file	1			1			1		
2.74	Laboratory personnel are trained to follow standard operating procedures to ensure reliable test results	1			1			1		
2.75	Routine quality assessments are conducted to ensure reliability of test results	1			1			1		
2.76	There are defined turn-around times for each test and written procedures for reporting results		1		1			1		
2.77	The laboratory work environment is kept organized and clean with safe procedures for handling specimens and waste material	1			1				1	
Sub-Total Service Delivery CLINICAL		**43**	**13**	**77%**	**34**	**22**	**61%**	**40**	**16**	**71%**
3	**MEDICAL PRODUCTS MANAGEMENT**									
3.1	There is a hospital Pharmacy and Therapeutics Committee that monitors adherence to an approved formulary		1		1			1		

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
3.2	There is a Pharmacy Manual that includes policies and procedures on:									
a	Drug ordering		1		1			1		
b	Dispensing from central pharmacy		1		1			1		
c	Nursing unit storage and dispensing		1		1			1		
d	Proper and safe disposal of expired drugs		1		1			1		
e	Narcotics controls	1			1			1		
f	Inventory control system	1			1			1		
MEDICAL STORES										
3.3	There is an approved list of medical supplies and par inventory levels	1			1			1		
3.4	There is adequate storage facilities (clean, proper temperature, ability to manage stock rotation)	1			1				1	
3.5	There is a unit distribution system that records usage by unit	1			1			1		
SUPPLY CHAIN MANAGEMENT										
3.6	There are written Procurement policies and procedures on:									
a	Ordering Guidelines (quality, stock quantities, competitive bidding procedures)	1			1			1		
b	Maximum/Minimum stock levels		1		1			1		
3.9	Supplier contracts, back-up sources and guaranteed delivery time frames are documented	1			1			1		

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
3.10	There is a clean receiving area and written procedures for placement of supplies into inventory	1			1			1		
Sub-Total Medical Products Management		**8**	**6**	**57%**	**14**	**0**	**100%**	**13**	**1**	**93%**
4	**GOVERNANCE**									
4.1	There is a hospital governing board		1			1			1	
4.2	The governing board meets regularly and minutes of meetings are recorded		1			1			1	
4.3	The governing board membership includes representatives of the community		1			1			1	
4.4	The hospital executive director is selected by, reports to, and is annually evaluated by the hospital governing board		1			1			1	
4.5	There are established performance indicators for the hospital that are regularly monitored by the governing board		1			1			1	
4.6	The board annually reviews and approves the hospital budget		1			1			1	
Sub-Total Governance		**0**	**6**	**0%**	**0**	**6**	**0%**	**0**	**6**	**0%**
5	**HEALTH FINANCING**									
5.1	The hospital has annual and monthly operating budgets for each department or clinical service	1				1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
5.2	There are agreed upon indicators for budget performance that are regularly tracked and reported to the hospital governing board	1			1			1		
5.3	The hospital collects and reports volume statistics tracked over time	1			1			1		
5.4	The hospital produces a monthly:									
a	Income Statement	1			1			1		
b	Statement of Cash Flow	1			1			1		
c	Balance Sheet	1			1			1		
d	Budget Variance Report	1			1			1		
e	Sources of Revenue Report	1			1			1		
5.5	The hospital has the capability of developing cost-per-case statistics	1			1			1		
5.6	The hospital has written policies and procedures for:									
a	Billing	1			1			1		
b	Credit	1			1			1		
c	Collection	1			1			1		
Sub-Total Health Financing		**12**	**0**	**100%**	**11**	**1**	**92%**	**11**	**1**	**92%**
6	**HEALTH INFORMATION SYSTEMS**									
6.1	There is a hospital IT development plan		1			1			1	
6.2	The hospital has electronic information systems for:									
a	Patient Registration	1				1			1	
b	Accounting/Financial Reporting	1			1			1		
c	Electronic Medical Record	1				1			1	

No.	INDICATOR	MATERNITY HOSPITAL #1			KORCA REGIONAL HOSPITAL			LEZHA REGIONAL HOSPITAL		
		YES	NO	% YES	YES	NO	% YES	YES	NO	% YES
d	Medical Supply Management	1			1			1		
e	Pharmacy	1			1				1	
f	Laboratory Results Reporting	1				1			1	
g	Radiology Results Reporting	1				1			1	
h	Human Resources Management		1			1		1		
6.3	The hospital has in-house staff expertise to manage its electronic data systems		1			1			1	
6.4	Initial and on-going staff training is provided for employees using electronic systems	1				1		1		
6.5	The hospital uses electronically captured information in its quality improvement program	1				1		1		
6.6	The hospital is able to electronically report to the MoH health status indicator data	1				1		1		
6.7	Written policies and procedures exist for:									
a	Protection of patient privacy		1		1				1	
b	Retention of records		1		1			1		
c	Verification of data quality (accuracy, completeness timeliness)		1		1			1		
d	System security		1			1			1	
Sub-Total Health Information Systems		**10**	**7**	**59%**	**6**	**11**	**35%**	**8**	**9**	**47%**
TOTAL SCORE ACROSS ALL CATEGORIES		**107**	**59**	**64%**	**98**	**67**	**59%**	**109**	**57**	**66%**

A red number indicates a partial "yes" (counted as a "no"), or a contradiction between the hospital's self-assessment and direct observation